

**“A COMPARISON OF RUBRICS IN BOGER
BOENNINGHAUSEN CHARACTERISTICS & REPERTORY
WITH THE RUBRICS OF REPERTORY OF HEMORRHOIDS BY
W.M.J GUERNSEY IN HEMORRHOIDS. ”**

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By

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UNDER THE GUIDANCE OF

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**SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE
KULASEKHARAM, TAMIL NADU**



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**ENDORSEMENT BY THE HEAD OF THE DEPARTMENT AND
THE INSTITUTION**

This is to certify that the dissertation entitled **A COMPARISON OF RUBRICS IN BOGER BOENNINGHAUSEN CHARACTERISTICS & REPERTORY WITH THE RUBRICS OF REPERTORY OF HEMORRHOIDS BY W.M.J GUERNSEY IN HEMORRHOIDS** is a bonafide work carried out by **DR. R.REEBA** student of **M.D (Hom.)** in **DEPARTMENT OF REPERTORY** (2016-2019) in the **SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL, KULASEKHARAM, KANYAKUMARI DISTRICT, TAMILNADU** under the supervision and guidance of **Dr. V. SATHISH KUMAR M.D (Hom), PROFESSOR& HEAD, DEPT.OF REPERTORY** in partial fulfilment of the regulations for the award of the degree of **DOCTOR OF MEDICINE (HOMOEOPATHY) in REPERTORY**. This work confirms to the standards prescribed by **THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY, CHENNAI**.

This has not been submitted in full or part for the award of any degree or diploma from any University.

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DECLARATION

I, **Dr.R.REEBA** do hereby declare that this dissertation entitled “**A COMPARISON OF RUBRICS IN BOGER BOENNINGHAUSEN CHARACTERISTICS & REPERTORY WITH THE RUBRICS OF REPERTORY OF HEMORRHOIDS BY W.M.J. GUERNSEY IN HEMORRHOIDS**” is a bonafide work carried out by myself under the direct supervision and guidance of **DR. V. SATHISH KUMAR M.D.(HOM.) PROFESSOR& HEAD, DEPT. OF REPERTORY**, is partial fulfilment of the regulations for the award of degree of **DOCTOR OF MEDICINE (HOMOEOPATHY)** in **REPERTORY** of **THE TAMIL NADU DR. M.G.R MEDICAL UNIVERSITY, CHENNAI**. This has not been submitted in full or part for the award of any degree or diploma from any University.

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ABSTRACT

INTRODUCTION

This study was aimed in understanding the comparison of rubrics in boger boenninghausen characteristic repertory with the rubrics of repertory of hemorrhoids by w.m.j guernsey in hemorrhoids Hemorrhoid is a life disturbing disease which affects all age group but especially more in adults. Due to low fibre diet ,straining while passing stool ,and prolonged sitting while passing stool these are identified as the common cause of hemorrhoids. Apart from this females are prone to suffer from hemorrhoids after pregnancy .Homoeopathy being a hoilistic system of medicine which is most economical ,has a major role in individuals suffering from Hemorrhoids and can able to reduce the rate of surgery and helpful for preventing the complications of surgery and also recurrence.

METHODS

The present study with sample of 30 cases and age group of 18-65 years suffering from hemorrhoidal pain were selected from OPD/IPD and rural centres of Sarada krishna Homoeopathic medical college & Hospital. Thirty cases of adults presenting with complaints of Hemorrhoids were Randomly selected and were analysed for disease intensity according to colorectal Evaluation of clinical Therapeutics scale (CORECTS) and .History was taken as per the case performa .Case were followed for a period of 6 months .Observations were recorded and pain before and after treatment were evaluated based on scoring criteria

RESULTS

Thirty cases were analysed. After 6 months of treatment there is a significant difference in symptom. Sulphur & Nuxvomica was the remedy which was most used and potency was 200. Occupation in which people who have to sit for prolonged periods are at risk of developing hemorrhoids. Case score was analysed before and after treatment which shows 23 cases of marked improvement and 5 cases of moderate improvement and 2 cases of mild improvement.

CONCLUSION

Based on the result of study it is evident that Homoeopathic medicine are very effective in treatment of Hemorrhoids in adults and are capable of reducing the recurrence.

KEYWORDS

Hemorrhoids, Adults, Homoeopathic medicines, Repertories

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LIST OF ABBREVIATIONS USED

SLNO	ABBREVIATIONS	EXPLANATION
1.	%	Percentage
2	<	Aggravation,more than
3.	>	Amelioration ,less than
4.	AGG	Aggravation
5.	NIH	National institutes of Health
6.	USA	United states of America
7.	ACG	American college of gastroenterology
8.	M	Male
9.	F	Female
10.	ie	That is
11.	CORECTS	Colorectal Evaluation of Clinical Therapeutics Scales
12.	OPD	Out patient Department
13.	IPD	In patient Department
14.	&	And
15.	NAD	Nothing Abnormality detected
16.	SL	Saccharum lactis
17.	BBCR	Boger Boenninghausens Characteristics Repertory
18.	B.PILLS	Blank pills
19.	B.DISC	Blank disket
20	D	Dose
21.	SL.NO	Serial number
22.	FIG.NO	Figure Number

INTRODUCTION

“It is a blissful feeling to relieve the pain of a suffering one”. Being a homoeopath, there are many situation where we can feel this bliss. I am dealing with such a clinical study, where the patient faces much difficulty even to make his day to day activities undisturbed. Hemorrhoids is a condition where there is enlargement of veins at the lower end of rectum. The real cause of hemorrhoids is due to portal venous congestion. In modern medicine, they are removing the end product of the disease, whereas our system of medicine is removing the root cause of disease. The action of medicine is directly in to portal veins. Congestion is the sycotic stage of Hemorrhoids (each stage of this disease pass through different miasms). By treating miasmatically we are not only curing the disease but also preventing the recurrence, there by increasing the quality of life of patients.

Homoeopathic therapeutics of Hemorrhoids by W.M Guernsey is one the oldest therapeutic book for Hemorrhoids. This repertory mention that “totality of symptom does not refer to the drug but to the patient, and that it must not be expected that a case will present all the symptoms of any medicine, on the other hand the remedy should contain all the prominent medication of patient”. Here the totality can be constructed only on the basis of pathological symptoms.

BBCR is one among the latest repertory. Boger follow boenninghausen’s method ie, complete symptom, and the totality is also based on complete symptom. Boenninghausen method is the easiest method. Hahnemann himself approved of Boenninghausen repertory and used it, when patient make no connection between their physical and emotional symptoms. Boger repertory is based on aphrosim 95 of organon. In India approximately 40,723,288 people are reported to have hemorrhoids. one million new cases are reported annually. It can affect both men and

women. Literature and experience of homoeopaths provide information that, the initial signs of the hemorrhoids should be recognized so that the disease can be brought under control at an early stage with minimum life style modifications and hence avoid surgery. So the complaint more commonly affects the young adults .So the impact of disease is more dangerous and can affect the wellbeing and socioeconomic levels.

There is also a study which reported hemorrhoids are treated with considerable success rate of 60.3to 82.3 % in homoeopathic hospital in West Bengal. First and second degrees of hemorrhoids are able to treat successfully with homoeopathy but in case of third and fourth degree, we can give symptomatic relief and improve quality of life .

NEED FOR THE STUDY

In day today practice there is increase in the numbers of cases with Hemorrhoids because of the life style modification, sedentary habits ,fast foods ,alcohol etc. Only fewer systematic studies were published. I have seen many cases in OPD & IPD of our college. Patients treating hemorrhoids with homoeopathic medicine have positive results. From my work I not only like to help such people who suffer from hemorrhoids, and also to prove that Homoeopathic medicine can surely improve the quality of life of people suffering from Hemorrhoids .With this study I would like to find out most indicated remedies so that other homoeopathic practioners also find easy to deal with such condition. Every science develops through researches .Homoeopathy is a developing system. Although there are many researches proving the efficiacy of homoeopathic treatment in hemorrhoids, a study on comparison of repertories is lacking. So in particular this clinical study has been chosen.

2. AIMS AND OBJECTIVES

- To compare the rubrics related too hemorrhoids in 2 repertories.
- To define the utility of the repertory in management of hemorrhoids.

3. REVIEW OF LITERATURE

DEFINITION

Hemorrhoids derived from Greek word 'haima means blood and 'rhoos' means flowing or piles. (In latin Pila means a ball)⁽¹⁾ Hemorrhoids are dilated enlarged veins in the walls of anus and sometimes around the rectum, usually caused by untreated constipation but occasionally associated with chronic diarrhoea. Symptoms start with bleeding after defecation. If untreated, hemorrhoids can get worsened by protruding from the anus, known as piles.⁽²⁾

EPIDEMIOLOGY

According to National Institute of Health, nearly 1 million cases of hemorrhoids are reported annually in US at the prevalence rate of 4.4%.⁽³⁾ It is estimated that 58% of people aged over 40 years have the disease in the US. Current statistics suggest that nearly half of the world's population will experience some form of hemorrhoids especially when they reach the golden age of fifty. A study carried out in four hospitals in Austria, for the screening of colorectal cancer in which 38.93% individuals were diagnosed as having hemorrhoids. A study conducted in United States regarding the incidence and prevalence of hemorrhoids, shows that approximately 1 in 26 or 3.82% or 10.45 million people have hemorrhoids in United States of America.

In India Approximately 40,723,288 people are reported to have hemorrhoids. 1 million new cases are reported annually in which 47 per 1000 cases shows an increase with their increasing age⁽⁴⁾ Each year ,at least 1 million new cases are recorded ,making it one of the most common health issue.A study in India shows that approximately 80% of the cases are in the 21-50 years of age group .Hemorrhoids are more common in adults ,both men and women⁽⁵⁾ According to another study ,half the population over the age of 50 years have hemorrhoids. ⁽⁶⁾Patients presenting with hemorrhoids more frequently white ,from higher socio economic status ,and from rural areas.However, pregnancy causes physiological changes that predisposes women in developing symptomatic Haemorrhoids. This was in contrast to the epidemiology of constipation ,which demonstrated an exponential increase in prevalence after an age of 65 yrs and was more common in blacks and in families with low incomes or low social status⁽⁷⁾

Every healthy humanbeing has three inner hemorrhoids they are swollen in the anus or rectum ,similar to varicose veins .They only become a health issue when they enlarge or grow deeper .Hemorrhoids can have a number of causes although often the exact cause is unknown .It can be a low fiber diet ,long hours of sitting ,straining during bowel movements,weakness of connective tissue or other causes.About half of the people over 50 years of age have hemorrhoids categorized in 4 stages. Men are more affected than women.

ANATOMY

Hemorrhoids form when the bundle of veins in the anus and lower rectum become enlarged and fall out of place (prolapse). Hemorrhoids are not varicosities, they are clusters of vascular tissue⁽⁸⁾. They are classified by their anatomic origin with in the anal canal and by their position relative to the dentate line⁽⁹⁾. The dentate line lies at the inferior most level of the anal column and indicates the junction of the superior part of the anal canal and the inferior part. Hemorrhoids are abnormally enlarged cushions containing arteriovenous anastomosis described as occurring on 3, 7, and 11 o'clock positions⁽¹⁰⁾.

ETIOLOGY OF HEMORRHOIDS

The primary etiology is believed to be excessive straining either due to chronic constipation or diarrhea. It has been said that a standing position causes an increase in static venous pressure, and that pressure from anal spasms and bowel movement causes an obstruction of venous return. Repetitive or prolonged straining causes downward stress on the vascular hemorrhoidal cushions leading to the disruption of the supporting tissue subsequent elongation, dilation and engorgement of the hemorrhoidal tissues. Other conditions can also contribute in the formation of hemorrhoids like an increase in intra abdominal pressure caused by pregnancy or ascites. It has been reported that there are few hemorrhoids patients with portal hypertension⁽¹¹⁾.

A) Hereditary: It is often seen in members of the same family⁽²⁾. Absence of valves within the hemorrhoidal veins, can also lead to excessive vascular pressure and swelling⁽¹³⁾.

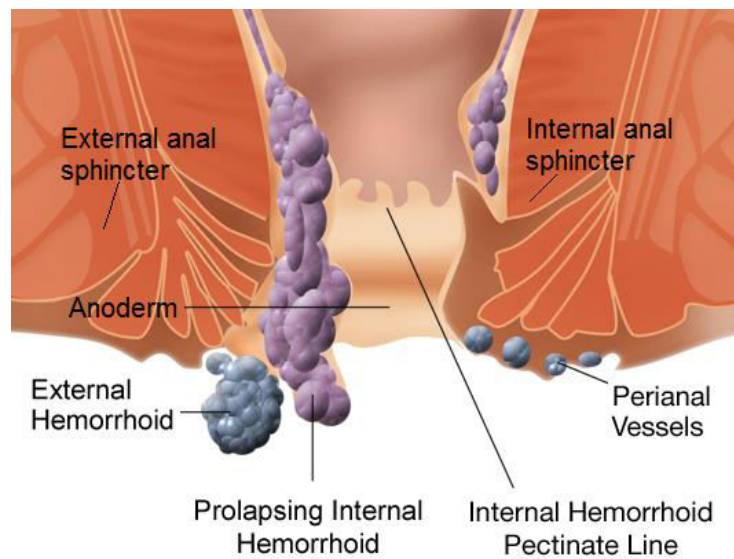
b) Anatomical-It has been suggested that internal pile is a natural consequence of adaptation of erect posture of mankind or absence of valves in the superior Hemorrhoidal veins. The veins passing through the rectal musculature 10cm above the anus will cause occlusion of veins and congestion during defecation. The radicals of superior rectal vein lie unsupported in the loose submucosa connective tissue of the rectum.

c) Exciting cause or factors - Parks suggested Straining to expel the constipated stool cause dilation of the venous plexus ⁽⁶⁾. Once dilation of venous plexus as well as the partial prolapse occurred with each bowel movement, then it would stretch the mucosal suspensory ligament. Over purgation and diarrhoea of colitis, dysentery, enteritis etc aggravate latent hemorrhoids. ⁽²⁾

d) Physiological cause- The pathology of so called Hemorrhoidal plexus is in fact a corpus cavernosum with direct arteriovenous communication. This plexus is termed corpus cavernosum rectum, which is a normal constituent in the upper third of the anal canal. ⁽²⁾

e) Diet – A low fiber diet is found to be the main cause of haemorrhoids. ⁽⁶⁾ Action of passing hard stool through the anal mucosa may cause damage to the anal cushions and lead to symptomatic hemorrhoids. Intake of fiber or providing added bulk in the diet might help eliminate straining during defecation. ⁽²⁾

PATHOPHYSIOLOGY OF HEMORRHOIDS



Hemorrhoids cushion are part of normal human anatomy and become a pathological disease only when they experience abnormal changes. There are three main cushions present in the normal anal canal .These are located classically at left lateral ,right anterior ,and right posterior positions.They are composed of neither arteries nor veins but blood vessels called sinusoids, which do not have muscle or tissue in their walls as veins do.This set of blood vessels is known as the hemorrhoidal plexus.

Hemorrhoid cushions are important for continence .They contribute 15-20 % of anal closure pressure at rest and protect the internal and external anal sphincter muscles during the passage of stool .When a person bears down ,the intra abdominal pressure increases and hemorrhoid cushions enlarges in size, helps in maintain anal closure . Hemorrhoid symptoms are believed to result when these vascular structures slide downwards, when venous pressure is excessively increased. This increase in internal and external anal splincter pressure may also be involved in hemorrhoid symptoms.

SECONDARY HEMORRHOIDS

Secondary hemorrhoids (between anal cushions) based on symptoms described as prolapsing and nonprolapsing. (14) In clinical studies on hemorrhoids, fiber supplement reduced the risk of persisting secondary Hemorrhoids. Main contributory causes are those things that cause to raise the pressure in the abdomen. This causes the blood vessels to get engorged.

A) Carcinoma of the rectum- This compresses the superior rectal veins causing Hemorrhoids. (2)

B) Pregnancy –These occur in about 1 in every 3 women and may occur for the first time during pregnancy⁽¹⁵⁾. It is also estimated that 35% of women will develop hemorrhoids during the course of her pregnancies risk typically increases with each subsequent birth⁽¹⁶⁾)Hemorrhoids frequent in pregnancy, may cause considerable discomfort, especially women prone to varicosities

The pressure of fetus in the abdomen as well as hormonal changes may cause the hemorrhoidal vessels to enlarge. However for most women it is a temporary problem and they revert back to normal after child birth. Surgical treatment is rarely indicated during pregnancy⁽¹⁷⁾ (6).

C) Uterine tumours may similarly compress the superior rectal vein⁽²⁾.

D) Chronic constipation –Those chronically straining with constipation are more prone to develop secondary haemorrhoids. Its causes should be excluded, otherwise the condition will recur.⁽²⁾

E) Difficulty in micturation –Stricture of urethra or enlarged prostate will cause increase in intra abdominal pressure and thereby increase in venous pressure to cause Hemorrhoids⁽²⁾

F) Diet high in processed food and low in fiber(noodles ,cold drinks ,fried food etc)

G) Laxative abuse and frequent enemas.

H) Sedentary life style, obesity ,lifting heavy object.

OTHER CAUSES

- Local causes –ano rectal deformity, hypotonic anal sphincter
- Abdominal causes –ascites
- Pelvic causes includes gravid uterus, uterine and ovarian neoplasm, bladder carcinoma
- Neurological causes include paraplegia, multiple sclerosis.
- Obesity, prolonged sitting,a chronic cough,pelvic floor dysfunction.
- Squatting while defecating may also increase the risk of severe hemorrhoids.
- During pregnancy pressure from fetus on abdomen and hormonal changes cause the hemorrhoidal vessels to enlarge.
- Parturition also leads to increased intra abdominal pressure.

CLASSIFICATION OF HAEMORRHOIDS

Depending upon the site of origin, hemorrhoids can be divided in two types

- INTERNAL HEMORRHOIDS
- EXTERNAL HEMORRHOIDS

INTERNAL HEMORRHOIDS

It develops inside the anus. They are usually painless because not richly supplied by nerves. Tendency to bulge out of the anal opening in various degrees. They do not cause cutaneous pain, because they are above the dentate line and are not innervated by cutaneous nerves.

EXTERNAL HEMORRHOIDS

External hemorrhoids are under the skin around the anus, where there are many pain sensing nerves, which tend to cause pain as well as bleed. It develops at the margin of the anal opening. They are usually painful, because a rich supply of nerves can be seen outside as a small tender lump (due to thrombosis). Sometimes hemorrhoids may get prolapsed or get bigger and bulge outside the anal sphincter, which can be seen as a moist bump and is pinker than the surrounding area. They are more likely to be painful also. ⁽¹⁸⁾

A blood clot from External Hemorrhoids turning in purple or blue is called thrombosis, it can be painful and itch a lot and could bleed. When a clot dissolves it may still have a bit of skin left over, which could be irritating.

SIGNS AND SYMPTOMS

Signs and symptoms may present with pain, bleeding, protusion, or change in bowel habits ⁽¹⁹⁾

Bleeding

It is the principal and earliest symptoms after moving bowels .It is slight, bright red, painless and occurs along with defecation

Prolapsing

According to the level of protrusion, hemorrhoids can be divided in to four degrees

Degree	SYMPTOMS
FIRST DEGREE	Hemorrhoids that are not prolapsed. Hemorrhoids do not come out of the anus.
SECOND DEGREE	Prolapsed and spontaneously reduced.Hemorrhoids comes out only during defecation,and are reduced spontaneously after defecation.
THIRD DEGREE	Prolapsed and must be digitally reduced. Hemorrhoids come out during defecation and do not return themselves, but need to be replaced manually .
FOURTH DEGREE	Are irreducible.Permanently prolapsed,at this stage great discomfort is complained of with a feeling of heaviness in rectum.

Itching

When the hemorrhoids are painful, it may be difficult to keep the area clean, which leads to itching from mucous discharge .

Anemia

Rarely, blood loss from hemorrhoids can cause anemia and is seen in long standing cases of hemorrhoids with profuse and persistent bleeding but this is almost never severe and can be avoided by early treatment.

General symptoms can occur at any stage of disease. It also depends on size and type of hemorrhoid, whether they are external or internal and whether they are acute or chronic.

In some cases there may be only a few symptoms but later it may get developed into multiple symptoms. Bleeding occurs most frequently during evacuation but it sometimes also happens while exercising or walking.

Colour of blood is usually bright red due to presence of arteriovenous channel in the hemorrhoid tissue. Dark red blood mixed with stool may indicate that bleeding is from a rectal or colonic lesion.

RISK FACTORS

- Bowel habits and life styles can be the risk factors for hemorrhoids
- People who have frequent bowel movements and or strain habits and more likely to suffer from hemorrhoids
- People with strain or who spend a long time sitting in toilet during bowel movements are likely to develop hemorrhoids.

- Some hemorrhoids patient report normal bowel movements.
- There is lack of evidence in coorelation between chronic constipation and hemorrhoids ⁽²⁰⁾

COMPLICATIONS OF HEMORRHOIDS

Most common complication of hemorrhoids is bleeding through the rectum followed by passage of mass. ⁽²¹⁾

Anaemia: Excessive bleeding can cause anaemia. Most common variety is iron deficiency anaemia. Massive bleeding can occur due to portal hypertension. In such cases blood transfusion and urgent haemorrhoidectomy is required.

1. A prolapse outside presents with severe pain in the perianal region. Piles gripped by internal sphincter results in venous congestion and oedema followed by strangulation.
2. Blood clots can be formed in external hemorrhoids
3. Skin tags – They are extra skin left behind when a blood clot in an external hemorrhoid.
4. Infection: Ulceration of a sore on an external hemorrhoid leads to secondary infection.
5. Ulceration – Superficial ulceration of the exposed mucous membrane often accompaines strangulation with thrombosis.
6. Strangulated hemorrhoid – When the muscles around the anus cut off, the blood supply to an internal hemorrhoid which leads to strangulation.
7. Strangulation of hemorrhoids is sufficiently tight to constrict the arterial supply of hemorrhoids & in turn leads to gangrene .

8. Thrombosis and fibrosis.-after thrombosis ,internal hemorrhoids sometimes become converted in to fibrous tissue the fibrosis .
9. Inflammation causes pain.
10. Pylephlebitis-infected hemorrhoids should be a potent cause of portal pyaemia and liver abscess.it can occur when patient with strangulated hemorrhoids are advised to surgery and have been reported to follow banding. Septic embolism may occur through the portal system to cause liver abscess or pylephlebitis (inflammation of portal vein.)

Piles develop when the veins in anal canal become swollen .This happens for a number of reasons :

- Increased pressure in abdomen; eg., pregnant or giving birth ,in constipation,hyper acidity
- Straining to empty the bowels; eg.,during constipation
- Ageing as getting older may be more likely to get piles because of rectal vein weakens.
- Diarrhoea lasting for a long time
- Long term coughing that increase intra abdominal pressure hence develops piles.
- Having family history of piles.

OTHER ANAL DISORDERS

ANAL FISSURE

Anal fissure is a small cut or tear in the lining of the anus .The crack in the skin causes severe pain and some bright red bleeding during and after bowel movements.

There are acute anal fissures (a shallow crack on the surface of the skin) and a chronic fissure (deep fissure with additional skin changes). symptoms are strong stinging pain during bowel movements that can last up to few hours.

ANAL FISTULA

Anal fistula is a chronic abnormal communication between the epithelialised surface of the anal canal and perianal skin. An anal fistula can be described as a narrow tunnel with its internal opening in the anal canal and its external opening in the skin near the anus. Anal fistulae commonly occur in people with a history of anal abscesses. They can form when anal abscesses do not heal properly.

ANAL ABSCESES

It is a pus developing inflammation in the anal area. Typical symptoms are swelling, local pressure and increased chronic pain especially when sitting down.

ANAL BARNACLES

Barnacles are skin flaps in the anus. The shape and size of them can vary but they are harmless in most cases.

ANAL THROMBOSIS

Acute pain and swelling on the anus can be an indicator of anal vein thrombosis. when inspected one or several blue colored knots can be found.

POSTANAL DERMOID

A soft cystic swelling in front of the lower part of the sacrum and coccyx. A symptomatic until adult life, difficulty to defecate due to its size.

PHYSICAL EXAMINATION

External Hemorrhoids are visible on perianal inspection itself but the non prolapsed internal hemorrhoids are not visible. It may protrude on gentle straining. When the physician widens the buttocks, prolapsed hemorrhoids are visible as protuberant purple nodules covered by mucosa. Classically they occur in 3, 7, 11 o'clock positions with the patient in lithotomy position. Rectal pain and bleeding should never be blindly attributed to hemorrhoids. Anorectal examination is crucial to diagnosis.

Patient may be examined in a prone –jackknife or left lateral position⁽²²⁾ External inspection will reveal any thrombosed external hemorrhoids, which often appears as a firm, purplish nodule that is tender to palpation. Thrombosed hemorrhoids may also have ulcerations with bloody drainage. Skin tags may be signs not only of prior hemorrhoids but also of fissure disease. Digital examination will exclude distal rectal mass and anorectal abscess or fistula. Lastly, anoscopy and rigid or flexible proctosigmoidoscopy should be performed routinely to identify internal hemorrhoids or fissures, and to rule out distal rectal masses. Internal hemorrhoids can be reliably identified based on grade and degree of inflammation.

INVESTIGATIONS

Any form of bleeding while passing stool must be carefully evaluated.

A complete blood cell count may be useful as a marker for infection, anemia

Following Investigations may be advised.

PROCTOSCOPY

Proctoscope is an instrument used to visualize internal piles (hemorrhoids) and carcinoma of anal canal or rectum and rectal polyp

SIGMIDOSCOPY

It is done to rule out other causes of bleeding (like carcinoma of rectum, anal fissure, Crohn's disease). It is also a screening test for colon cancer and rectal cancer. A sigmoidoscopy is performed using a thin, flexible tube called a sigmoidoscope ⁽²³⁾

COLONOSCOPY

It is done to visualize the entire colon (large intestine) and rule out other problems (pathologies) in colon which could be responsible for bleeding through the anal canal.

BARIUM STUDY

It is done to see the entire inner part of colon to visualize any entire abnormality.

GENERAL MANAGEMENT

The American College of Gastro-enterology Guideliness for management of hemorrhoids recommend that patients with symptomatic hemorrhoids are initially treated with increased intake of fiber rich food and fluid intake. Recent meta analysis confirmed that fibre supplements moderately improve over all symptoms and bleeding, and should be recommened at an early stage. Patients are advised to add more vegetables in their diet along with fluid intake. Taking more fruits can increase the quantity of dietary fibre. Eight glasses of water a day is considered to be an ideal quantity. And also patients are adviced to avoid straining during defeceation. Long hours of standing or sitting , particularly sitting on the toilet for long time can increase

the pressure on the veins in the anus. Walking and engaging in other activities for 30 minutes everyday will help the digestive system to work. Laxatives can be avoided which may become habitual and some can lead to diarrhoea. Other life style modifications such as improving anal hygiene, taking sitz bath, relieving constipation and avoiding straining are used in primary care and may help in the treatment and prevention of hemorrhoids although the evidence for this is lacking .

SURGICAL PROCEDURES

SURGERIES WITH OUT ANESTHETIC ⁽²⁴⁾

BANDING

Banding is used to treat internal hemorrhoids. It is also called as rubber band ligation. This procedure involves using a tight band around the base of hemorrhoid to cut off its blood supply.

SCLEROTHERAPY

It involves injecting a chemical in to the hemorrhoid cushion. The chemical causes the hemorrhoid to shrink and stops it from bleeding.

COAGULATION THERAPY

It is also called infra red photocoagulation. This treatment uses infra red light ,heat or extreme cold to make hemorrhoid retract and shrink. It is performed along with anoscopy .Anoscopy is a visualization procedure in which a scope is inserted several inches into your rectum. Most people experience only mild discomfort or cramping during treatment.

HEMORRHOIDAL ARTERY LIGATION

Also known as transanal hemorrhoidal dearterialization, is another option to remove a hemorrhoid. This method locates the blood vessels causing the hemorrhoid using an ultrasound and ligates or closes off those blood vessels.

SURGERIES WITH ANESTHETIC

OTHER TYPES OF SURGERY

HEMORRHOIDECTOMY

It is used for large external hemorrhoids and internal hemorrhoids that have prolapsed and are not responding to non surgical management .

HEMORRHOIDOPEXY

It is sometimes referred to as stapling .It is used to treat prolapsed hemorrhoids . A surgical staple fixes the prolapsed hemorrhoid back in to place inside your rectum and cut off the blood supply so that the tissue will shrink and be reabsorbed.

COMPLICATIONS OF HEMORRHOIDECTOMY ⁽²⁵⁾

The common complications include

- Anal fistula or anal fissure
- Constipation
- Excessive discharge of fluid from the rectum.
- Fever of 101⁰ F or higher.
- Inability to urinate or have a bowel movement.
- Severe pain, especially when having a bowel movement .
- Severe redness and also swelling in the rectal area.

Potential risk of hemorrhoidectomy include

- Infection
- Bleeding
- Stool leakage
- Problems passing urine due to pain.
- Excessive bleeding

GUERNSEY REPERTORY OF HEMORRHOIDS

In 1882 a repertory under the title of ‘THE HOMOEOPATHIC –THERAPEUTICS OF HAEMORRHOIDS’ was published. A revised and enlarged second edition of this work was published in 1892. The author’s aim is to direct his readers to a method of therapeutics which will produce a cure in the surest and easiest manner and absolute safety to the patient. The author also quotes that “There exists a proved remedy to restore to health of all patients’ sufferings and the assets. However he also cautions that the complicated cases need not be quickly turned over to surgery except those turning in to malignancy”. He also stresses upon the totality of symptoms.⁽²⁶⁾

Total number of medicines in this book is 135.

Appendix consists of comparative therapeutics and external therapeutics.

Arrangement of book:

- Preface
- The Remedies and their indication
- Repertory.
- Appendix.

CONSTRUCTION

The book is divided in to two parts:

Therapeutic part and Repertory part

Therapeutic part

- Subjective
- Objective
- Aggravation
- Amelioration
- Concomitant

Repertory part:

The repertory has the following subparts

- Subjective symptoms
- Objective symptoms
- Aggravation and amelioration

BOGER BOENNINGHAUSEN 'S CHARACTERISTICS AND REPERTORY

In 1905 Dr. C.M. Boger authored 'BOGER BOENNINGHAUSEN CHARACTERISTICS AND REPERTORY'. It was of great use in the 2nd half of the 19th century because it was the only work of its kind available to practitioners. He was fully satisfied with idea what constitutes a complete symptom.

- Location
- Sensation
- Modalities
- concomitants

Total number of medicines used in this book is 464 and there are 53 chapters.

Philosophic background of book contains seven main chapters. Boger's work BBCR based on the following fundamental concepts⁽²⁷⁾

Doctrine of complete symptoms and concomitants

A complete symptom is that which consists of Location, sensation and modalities. During interview unreasonable attendants of main symptoms are also noticed in relation to the time (before, during or after) which are called concomitant. Boger borrowed the idea of complete symptom from Boenninghausen's method of erecting totality, but he improved over it by relating sensation and modalities to specific parts.

Doctrine of pathological generals

Boger was not satisfied by merely following the principles of complete symptom. Pathological generals tell the state of the whole body and it changes in relation to the constitution. They help us to concentrate on more concrete changes to select a simillimum. The chapter in the book "Sensation and Complaints in generals" is full of examples of pathological generals which includes discharges, structural alteration, constitution, diathesis etc.

Doctrine of causation and time

Boger has given adequate place and importance to causation and time of the expressions. Each chapter in the book is followed by time aggravation. In his own

practice he has successfully employed these factors to find the simillimum in the shortest possible time. He gave importance to causation and general modalities (mental and physical) followed by general sensations (pathological generals and physical generals) which hold the key in the remedy as well as in the person.

Clinical rubrics

Boger was the first person who appreciated the use of clinical symptom in grouping the remedies. He mentioned several clinical conditions, which he came across in day to day practice. They help the physician in cases of advanced tissue changes, where he left without getting a clear picture because of poor susceptibility. These rubrics are useful to arrive at a group of medicines that can be further narrowed down with the help of modalities to select finally the most similar remedy.

Evaluation of Remedies

Boger followed the same innovation, which Boenninghausen introduced in grading of remedies. He indicated the grading of symptoms in to five ranks by the use of different typography such as

- CAPITALS- 5 marks
- **BOLD**- 4 marks
- *Italics*- 3 marks
- Ordinary type –2 marks
- (ordinary type)in parenthesis - 1 mark

Fever totality

This is the unique contribution of Boger. The arrangement of the chapter on fever is self explanatory. Each stage of the fever is followed by Time, Aggravation, Amelioration, and Concomitant .

Concordances

By including a chapter on concordance, Boger has made the philosophy clearer and practical, though it deals with relationship of medicine of only 25 remedies. Concordances should be worked on the same principle as that of in Therapeutic Pocket Book.

Plan and construction

Subsections of each chapter in this repertory contains Location, sensation, Time, Aggravation, Amelioration, concomitants, cross reference.

Arrangement of this repertory in most of the chapters start with general rubric. Location rubrics are followed by subdivisions of parts, sensation in alphabetical order, time, aggravation, amelioration, concomitant and cross- reference are separate subsections.

Concept of Totality is based on changes of personality and temperament (**quis**), peculiarities of disease(**quid**), the seat of disease(**ubi**), concomitants(**quibus auxillis**), the cause(**cur**), modalities(**quomodo**), the time(**quando**)

This book contains 53 Chapters and the 24th chapter is ANUS and RECTUM.

In this section various conditions & cross reference related to the parts are given. The rubrics are given under 2 sections.

- General section- deals with medicines related to anus and rectum in general
- Regional section - this section contains sensations followed by modalities and cross reference.

METHOD OF REPERTORIZATION

Boger has given greater importance to causation, time dimensions, modalities, and generals (pathological, physical and mental). There are eight different methods of repertorization using BCCR.

- Using causative modalities in the first place
- Using modalities in the first place
- Using concomitant in the first place
- Using pathological generals
- Using diagnostic rubrics
- Following Roberts 's (B.T.P.B) Method
- Fever totality
- Use of concordance chapter

CONSTRUCTION OF THE REPERTORY

- INTRODUCTION PART
- MATERIA MEDICA
- REPERTORY PROPER
- CONCORDANCE PART

ADVANTAGES

- Complete symptoms , each location if followed by the particular sensations , modalities and concomitants.
- Diagnostic rubrics mentioned in each chapter will be useful for repertorization.
- Separate concomitants are given in most of the chapters.
- Pathological generals are valuable for repertorization and selecting a simillimum
- Cross reference is given at the end of most of the chapters,help us to find.

HOMOEOPATHIC PERSPECTIVE OF HEMORRHOIDS

Homoeopathic medicines can occasionally replace the surgeons knife .The homoeopathic medicines works on the principles of “likes cure like”and many different medicinal substances are used in varied potencies to help cure hemorrhoids Homoeopathy is a holistic medicine that is based on”individualistic approach “ to any case.

According to concepts of modern medicine hemorrhoids is one such disease which challenges them, as the only method for treatment is local medication and surgical removal.

When it comes to alternative or complementary system of medicine, homoeopathy offers the best treatment for piles or hemorrhoids. At the same time the homoeopathic medicine does not have any side effects.This is one of the biggest advantages of homoeopathy over any other system of medicine. While under treatment of any other

system of medicine the risk of getting one or the other side effect while homoeopathic treatment for piles is absolutely safe.

Homoeopathy proves to be effective even for hemorrhoids after delivery, depending upon the symptom similarity, which thereby prevents incarceration (hemorrhoids those cannot be pushed back which leads to gangrene).

In majority of homoeopathic literatures are saying homoeopathic may avoid unwanted surgery ⁽²⁸⁾. Some of the published researches are concluded as homoeopathy is very effective in treatment of hemorrhoids⁽²⁸⁾

Homoeopathic treatment of piles not only focuses on relieving the symptom of the patient, moreover it acts mainly on the root cause of piles which actually gives quick relief. Apart from homoeopathic medical prescription it is our responsibility to find out the cause . ⁽²⁹⁾

Homoeopathic remedies have a broader scope because it is a gentle method of treatment that does not require a surgery or invasion. A combination of life style changes and homoeopathic treatment can be a great relief to a person suffering from piles as it eliminates the possibility of surgery. Moreover a thorough homoeopathic treatment can remove the tendency and thereby prevent its recurrence .

In chronic disease our master Samuel Hahnemann mentioned as hemorrhoids is caused by psora.⁽³⁰⁾ In homoeopathy hemorrhoids are treated as not local but as derangement in the dynamic vital force

- ❖ According to Dr. Gilchrist J.G “Hemorrhoids are, by irregular, often tied, but the practice is not only useless, but may be a source of positive danger.” ⁽²⁹⁾

- ❖ According to Dr. Burnet “There is no such a thing as primary pile –they are all either hypostatico-obstructive or merely obstructive or from pressure from above or from constitutional ailments⁽³²⁾ The frequent hemorrhages from the hemorrhoids are, in my judgment, all of constitutional origin. The surgical aid in vein affections only comes in as a last resort where nothing else can be done, and even then it is but a sorry uncertain old crutch.
- ❖ According to Dr. J.H. Clarke “An operation does not remedy the state on which the piles depend, on the contrary, it merely removes an expression of the constitutional state, surgery never cures a constitutional state⁽³³⁾

HEMORRHOIDS AND MIASM

Hemorrhoids are generally sycopsoric and are classed under the psoric miasm when they are associated with discomfort and itching. Rectal hemorrhoids with extreme sensitiveness and pain are sycotic. Rectal fissures and hemorrhoids with putrid and foetid discharges are syphilitic. They may also ooze pus. Strictures, hemorrhoids sinuses, fistulas and pockets in rectum are of tubercular origin and are much aggravated when combined with sycosis and syphilis. Bleeding hemorrhoids are tubercular⁽³⁴⁾

STUDIES RELATED TO HEMORRHOIDS

- ❖ Treatment of hemorrhoids with individualized homoeopathy :An open observational pilot study

Original article –journal of intercultural ethnopharmacology 2016 volume 5(4)335-342.

This was a prospective open, observational trial, hemorrhoids were patients assessed this was using five standardized like bleeding, pain, itching, heaviness and anoscopic

score. In India it was conducted in 2 homoeopathic hospital during mid July 2014-mid July 2015. Patients were intervened as per individualized homoeopathic principles and followed up every month up to 6 months. Result in this totally 73 were screened 52 enrolled, 38 completed, 14 dropped out statistically, in this significant reduction of mean bleeding, itching reduced. Under classical homoeopathic Treatment, hemorrhoids patient improved considerably in symptoms severity and anoscopic scales. However being observational Trial, our study cannot provide efficacy data controlled studies are required⁽³⁵⁾

An article regarding how do you get Hemorrhoids

Lot of people do know that they have hemorrhoids. Rectum is not an area one can readily see. Sometimes one don't know he or she has hemorrhoids until it bleeds, the toilet water after a bowel movement or having pain or discomfort in the rectum or feel extra tissue around the rectum are noticed. The only way you can get hemorrhoids is constipation. Other additional ways include alcoholism, being pregnant and not eating fiber, Daily heavy lifting, eating excessive processed foods.

❖ **Hemorrhoids – A common ailment among adults, causes & treatment .A review** Botanical treatment and nutritional therapy safe and effective therapy for Hemorrhoids treatment.. Severe botanical extracts have been shown to improve microcirculation, capillary flow, vascular tone, and strengthen, connective tissue of the perivascular amorphous.⁽³⁶⁾

❖ **Article related to adult knowledge regarding hemorrhoids**

According to an article hemorrhoids have been identified as one of the most common ailment recorded in adults. People are living with hemorrhoids, managing it year after year, because they have no knowledge of how to treat or get rid of it. The sufferer will usually develop an internal Hemorrhoid mostly due to constipation.⁽³⁷⁾

❖ **Homoeopathic similimum treatment on Hemorrhoids during pregnancy** Of the a twelve cases of Hemorrhoids in pregnancy treated with homoeopathic similimum medicine 83% of them showed signs of improvement to the Hemorrhoids. ⁽³⁸⁾

❖ **EFFICACY OF SULPHUR IN HEMORRHOIDS** The clinical study has been conducted with homoeopathic drug sulphur on 30 patients. Progress and change in patients had been assessed during the period of 6 months and progress reported in intervals of every 15 days .Sulphur is significantly effective in management of hemorrhoids. ⁽³⁹⁾

❖ **A DOCUMENTATION OF PRESCRIPTIONS & CLINICAL OUTCOMES IN A HOMOEOPATHIC HOSPITAL IN WEST BENGAL**

Original article :Journal of evidence based complementary & alternative medicine 2015 ,volume .2 (3)180-185

This study highlights the effectiveness of homoeopathic treatment in various ailments .The study was a prospective and observational which was carried out in Bhattacharya homoeopathic medical college & hospital ,west bengal. Each case was documented for a period of 3 months out of 2,095 appointments 2,272 cases gave a positive outcome after treatment strong positive results (scores of +2 or +3) were got in hemorrhoids .This study proves that homoeopathic treatment is beneficial in treating hemorrhoidal problems. ⁽⁴⁰⁾

A STUDY ON ASSOCIATED RISK FACTORS OF HEMORRHOIDS

Original article-journal of biological and scientific opinion jan –feb 2015 volume 3 ,pg no 36-38

This cross sectional study lasting for 1 year was conducted in the hospital of national institute of unani medicine where 416 patients with both modified & unmodified risk factors were studied. Among them 316 patients were having hemorrhoids .prevalence was seen more above of 40 ,those who had sedentary life style and who had an increase in intra abdominal pressure due to various reasons ⁽⁴¹⁾

CORECT SCALE

Colorectal Evaluation of Clinical Therapeutic scale(CORECTS) combines the 5 cardinal symptoms of hemorrhoids: pain, itching, swelling, bleeding and discomfort, each rated to a numeric 0-10 scale, where 0 indicates no symptoms and 10 indicates worst possible symptoms. In addition, CORECTS also accounts for quality of life with an “impact on well-being (IW)”. Score , that measure the impact of hemorrhoidal symptoms on well-being^[43]

CORECT SCALE

SYMPTOM	SCORE
How much pain do you experience? 0 1 2 3 4 5 6 7 8 9 10	
How much itching do you experience? 0 1 2 3 4 5 6 7 8 9 10	
How much swelling do you experience? 0 1 2 3 4 5 6 7 8 9 10	
How much bleeding do you experience? 0 1 2 3 4 5 6 7 8 9 10	
How much discomfort do you experience? 0 1 2 3 4 5 6 7 8 9 10	
How much impact does your condition have on your well-being? 0 1 2 3 4 5 6 7 8 9 10	

4. MATERIALS AND METHODS

SOURCES OF DATA

The present study was conducted in O.P.D,I.P.D &Peripheral centers of sarada Krishna Homoeopathic medical college.

4.2 SELECTION OF SAMPLES

Sample Size - 30 cases

Sampling Technique –Random Sampling.

Random selection of 30 cases of hemorrhoids from OPD ,IPD,&Rural health centres of Sarada Krishna homoeopathic medical college ,presenting with hemorrhoids

4.3 INCLUSION CRITERIA

- Both sexes
- Patient between age group 18-65 year.
- All types of socio-economic status people.
- Diagnostic criteria are mainly based on clinical presentation.
- Improvement criteria are mainly based on CORECT SCALE.
- Patients who present with hemorrhoids after pathological hemorrhoids are ruled out.
- Patients suffering from signs and symptoms of hemorrhoids.

4.4 EXCLUSION CRITERIA

- Age group below 18 yrs and above 65 years.
- Pregnant women
- Cases which need surgical intervention are excluded
- Cases with complications like heavy bleeding ,fissure in ano,malignancy,crohn's disease ,ulcerative colitis and other diseases having rectal complaints as secondary phenomenon.

4.5 STUDY DESIGN

- To study the value of 2 repertories.
- To study the clinical presentation of symptoms of hemorrhoids and its improvement.
- The study was carried out in OPD,IPD,and Rural centers of Sarada Krishna Homoeopathic medical college.
- The data was collected based on the pre –structured skhmc case record format.

4.6 INTERVENTION

- Case Taking and medicine selection and administration according to homoeopathic principles.
- Pre and post treatment analysis using score criteria.

4.7 SELECTION OF TOOL

- Homoeopathic repertories(BOGER BOENNINGHAUSENS CHARACTERISTIC REPERTORY &REPERTORY OF HEMORRHOIDS BY W.M.J GUERNSEY)
- Pre –structured SKHMC case format.
- CORECT scale.
- Assessment criteria for evaluating the case.

4.8 BRIEF OF PROCEDURES

- 30 cases of hemorrhoids was taken in detail and recorded in pre-structured case record format.
- The case was then analysed and totality was erected.
- Evaluation of symptoms was done followed by repertorization .medicine is selected on the basis of materia medica.
- Selection of potency and repetition of dose are under the homoeopathic principles.
- Assessment was done on subsequent follow-ups and the changes observed in the patient was recorded.
- The COLORECTAL evaluation of clinical Therapeutics scale (CORECTS) combine the five cardinal symptoms of hemorrhoids pain,itching ,swelling,bleeding and discomfort ,each rated on a numeric zero to ten scale .
- Where zero indicates no symptoms and 10 indicates worst possible symptoms.
- In addition CORECTS also accounts for quality of life with an “Impact on well being”.

4.9 OUTCOME ASSESSMENT

- Effectiveness of 2 repertories.(BBCR&GUERNSEY).
- Improvement in symptoms according to CORECT scale.

4.10 DATA COLLECTION

- By interview technique and observation (case study ,physical examination and investigations done where ever necessary.

4.11 STATISTICAL TECHNIQUES & DATA ANALYSIS

- Pre test score observed with CORECTS and after treatment with indicated Homoeopathic medicine selected based on proper repertorization and individualization.Post test score were noted ,Observations were made with detailed discussion and results were presented.
- Paired ‘ t’ – test for statistical analysis was done .Analysis was done in excel work sheet .

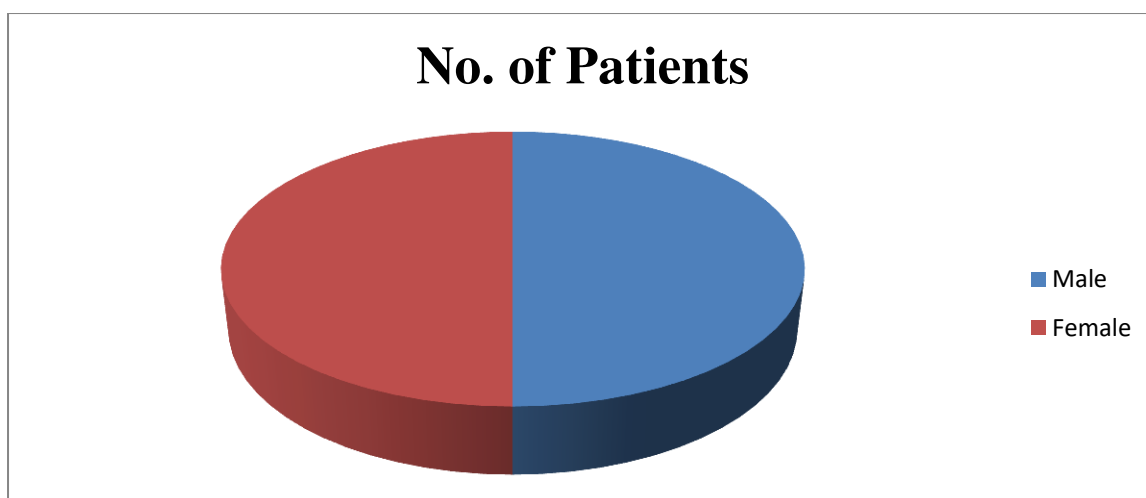
5. OBSERVATION & RESULTS

A Sample of 30 cases from patients who attended the outpatient department, inpatient & rural centers of Sarada Krishna Homoeopathic Medical college & Hospital was taken for the study. All thirty cases were followed up for a period of study of 6 months The cases are subjected to statistical study following table reveals the observation and result for this study

TABLE1:DISTRIBUTION OF CASE ACCORDING TO SEX

Sl. No	Sex	No. of Patients	Percentage
1	Male	15	50%
2	Female	15	50%

CHART 1

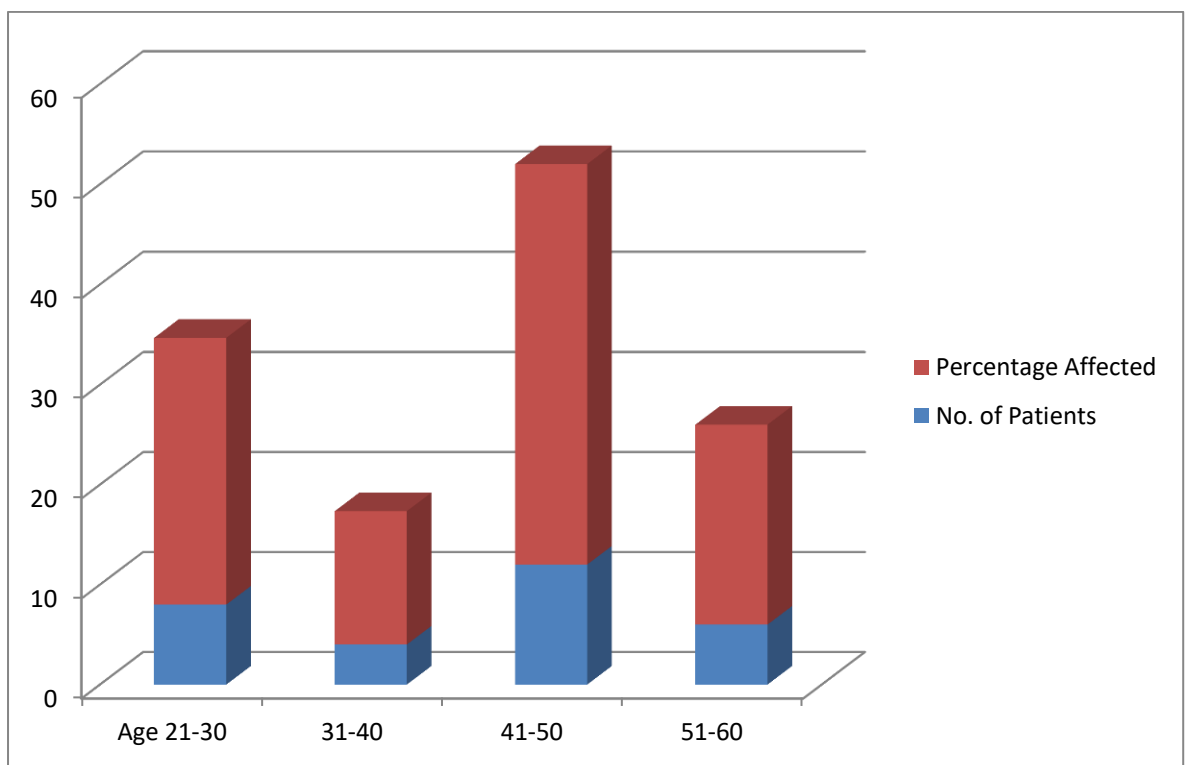


In 30 cases under study 15 females and 15 males were equally affected with a percentage of 50% -50%

TABLE:2 DISTRIBUTION OF CASE ACCORDING TO SEX

SI No.	Age	No. of Patients	Percentage
1	21-30	8	26.67%
2	31-40	4	13.34%
3	41-50	12	40%
4	51-60	6	20%

CHART 2

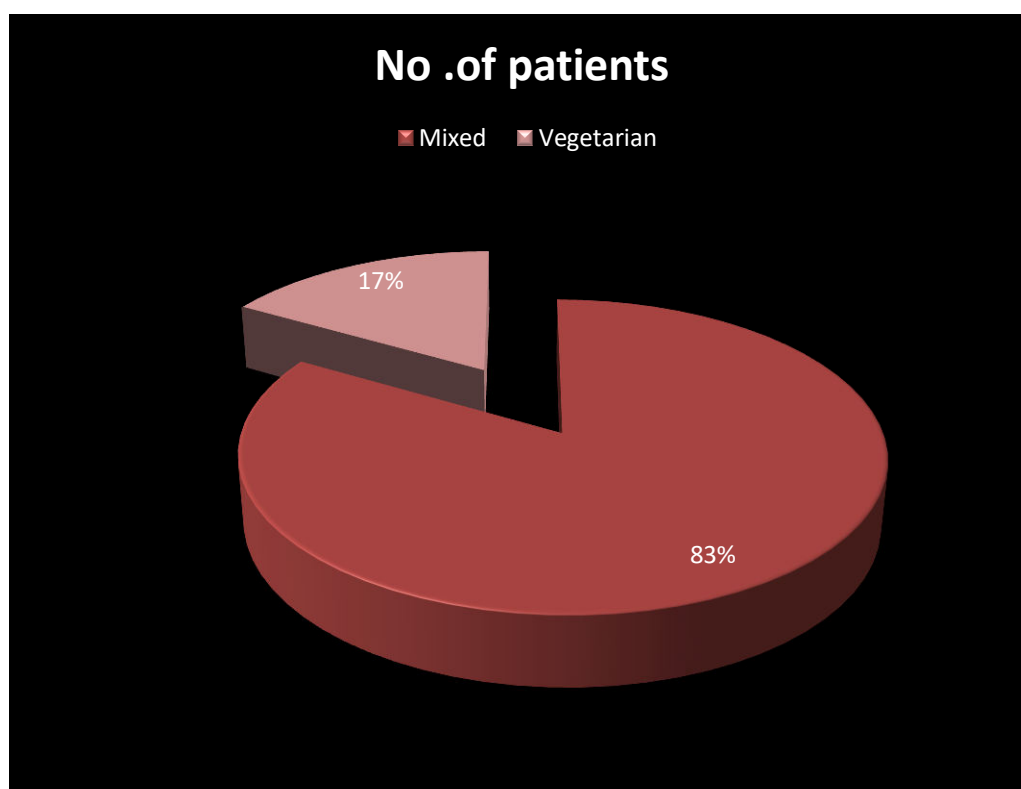


30 Patients are selected from the OPD for the study purpose, the age of the sample varies from 20-60 years. Among these 41-50 age group shows maximum number of cases as 12, and followed by 20-30 age group as 8. Next frequency is seen in the age group 51-60 age group as 6. The least came under the age group 31-40 age group as 4.

TABLE 3 DISTRIBUTION OF CASE ACCORDING TO DIET

Diet	No .of patients	Percentage
Mixed	25	83%
Vegetarian	5	17%

CHART 3

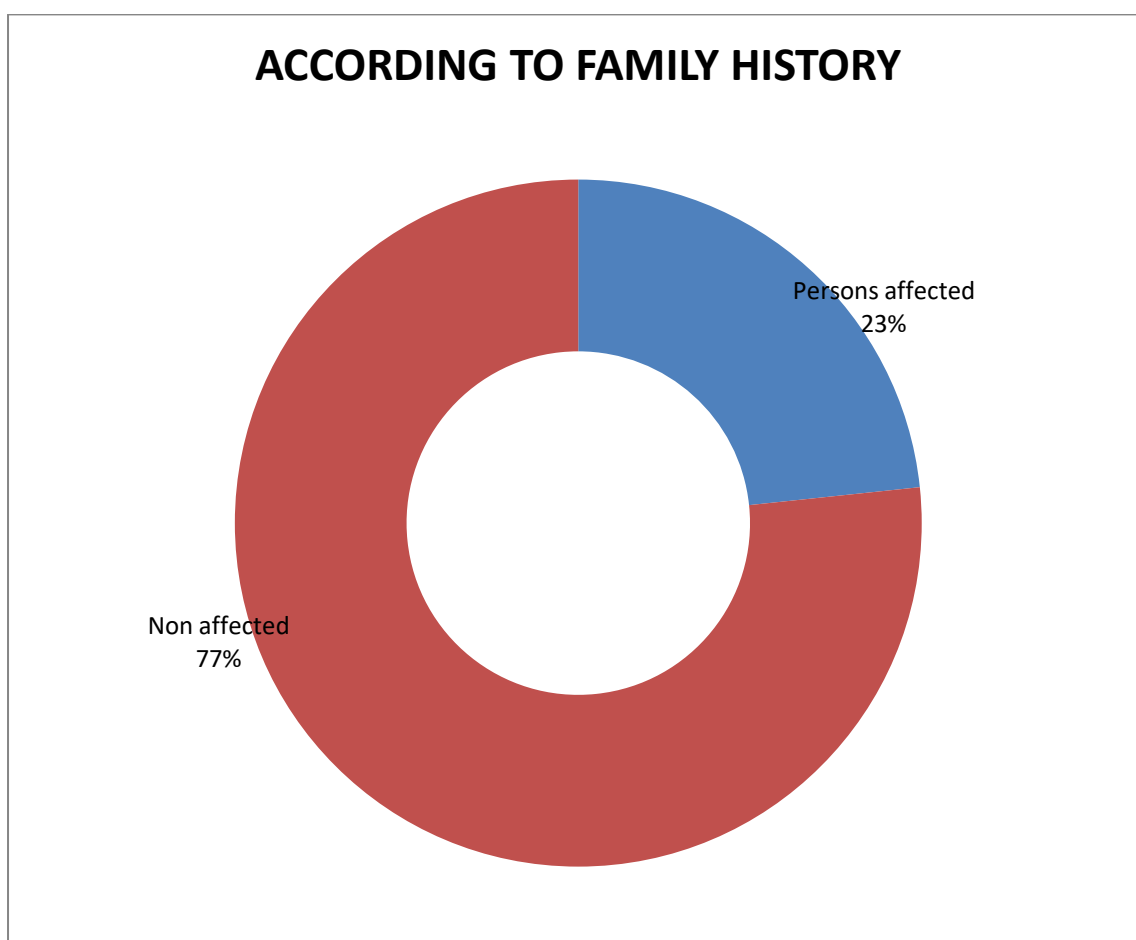


The study reveals that total 30 cases 25 cases were mixed (veg & non veg)83% and only 5 cases (17%) were vegetarian

TABLE 4 DISTRIBUTION OF CASES ACCORDING TO FAMILY HISTORY

Family history	No. of Cases	Percentage
Persons affected	7	23%
Non affected	23	77%

CHART 4

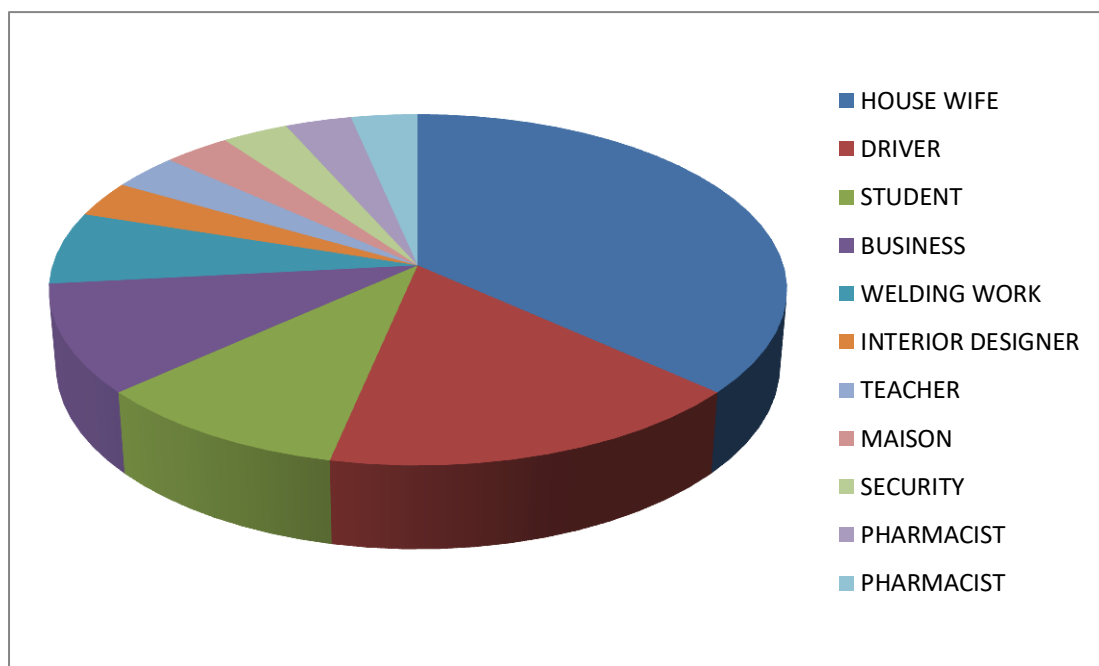


According to family history in 30 cases there are 7 cases (23%) having the hereditary relation ship in hemorrhoids and 23 cases doesn't have any relation ship.

TABLE 5 DISTRIBUTION OF CASE ACCORDING TO OCCUPATION

OCCUPATION	NO .OF CASES	PERCENTAGE
DRIVER	5	17
HOUSE WIFE	11	37
STUDENT	3	10
BUSINESS	3	10
WELDING WORK	2	7
INTERIOR DESIGNER	1	3
TEACHER	1	3
MAISON	1	3
SECURITY	1	3
PHARMACIST	1	3

CHART 5

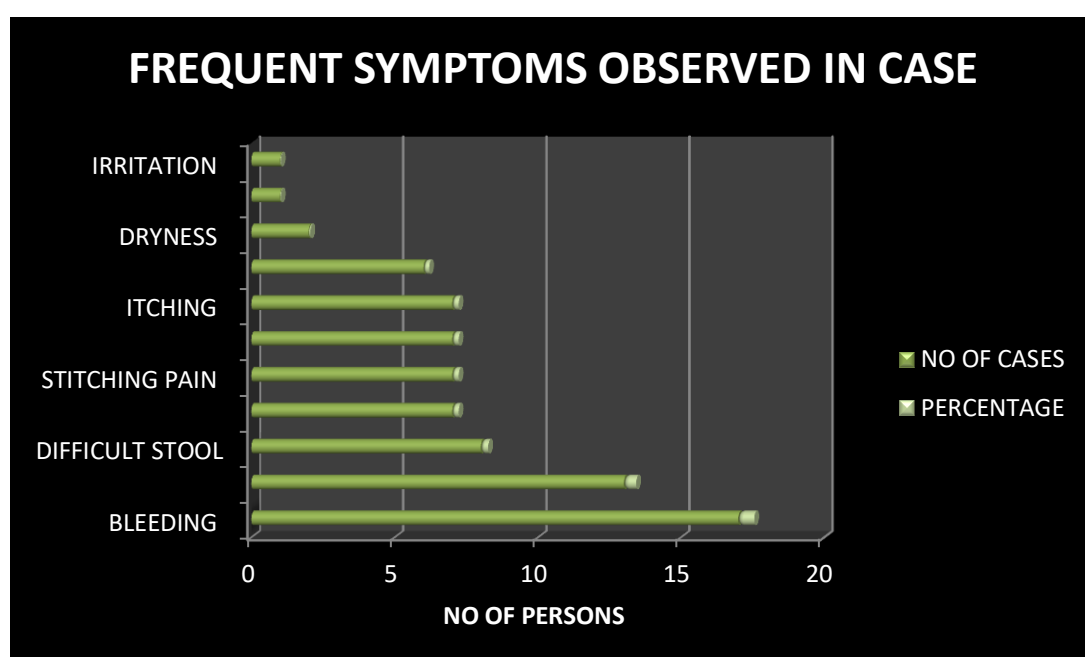


The study reveals that the house wives are predominantly affected 11 cases (37%).Next group was Driver as 5(17%).This is followed by student 3 cases (10%)& Business man 3 cases (10%)and then welding work cases 2 cases(7%).The least representation was among the interior designer 1(3%),teacher 1(3%),Maison 1(3%),security 1(3%),& finally Pharmacist 1(3%).

TABLE 6 DISTRIBUTION OF CASES ACCORDING TO SYMPTOMS OF HEMORRHOIDS

FREQUENTLY USED RUBRICS	NO OF CASES	PERCENTAGE
BLEEDING	17	56%
BURNING PAIN	13	43%
DIFFICULT STOOL	8	26%
PROTUSION	7	23%
STITCHING PAIN	7	23%
ACHING PAIN	7	23%
ITCHING	7	23%
TENDERNESS	6	20%
DRYNESS	2	6%
FISSURE	1	3%
IRRITATION	1	3%

CHART 6

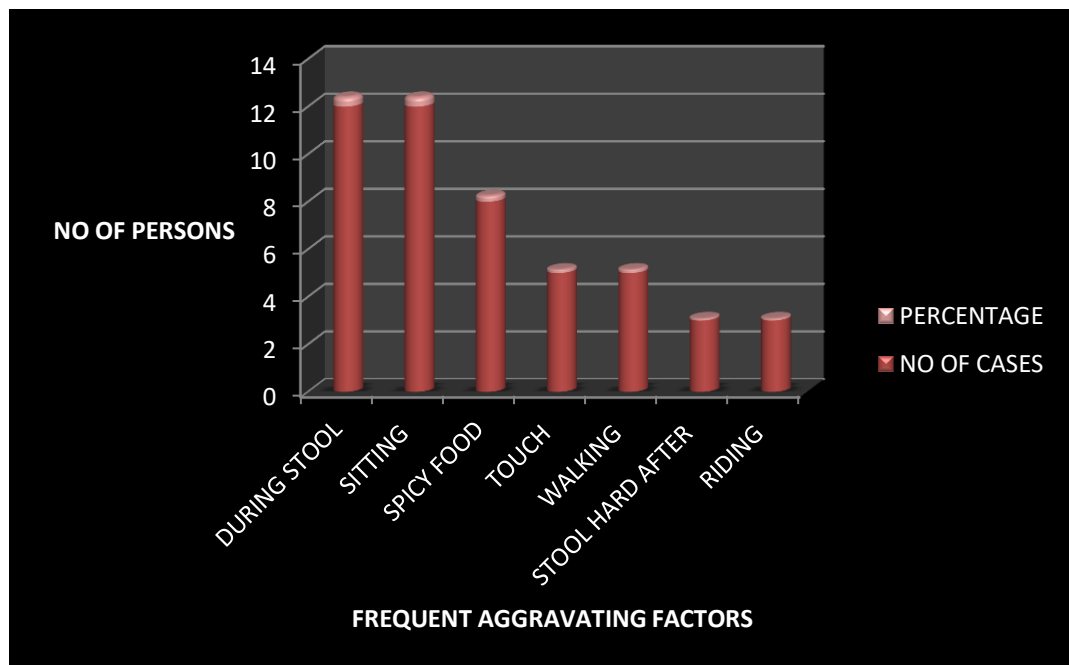


According to frequent symptoms among 30 cases 13 cases have Burning pain ,7 cases have stitching pain ,7 cases have aching pain ,Bleeding present among 17 cases ,itching in 7 cases,and fissure in only one case Tenderness in 6 cases, protusion in 7 cases ,irritation in 1 case,dryness in 2 cases & difficult to pass stool in 8 patients .

TABLE 7 DISTRIBUTION OF CASES ACCORDING TO AGGRAVATING FACTORS

AGGRAVATION	NO OF CASES	PERCENTAGE
DURING STOOL	12	40%
SITTING	12	40%
SPICY FOOD	8	26%
TOUCH	5	16%
WALKING	5	16%
STOOL HARD AFTER	3	10%
RIDING	3	10%

CHART 7

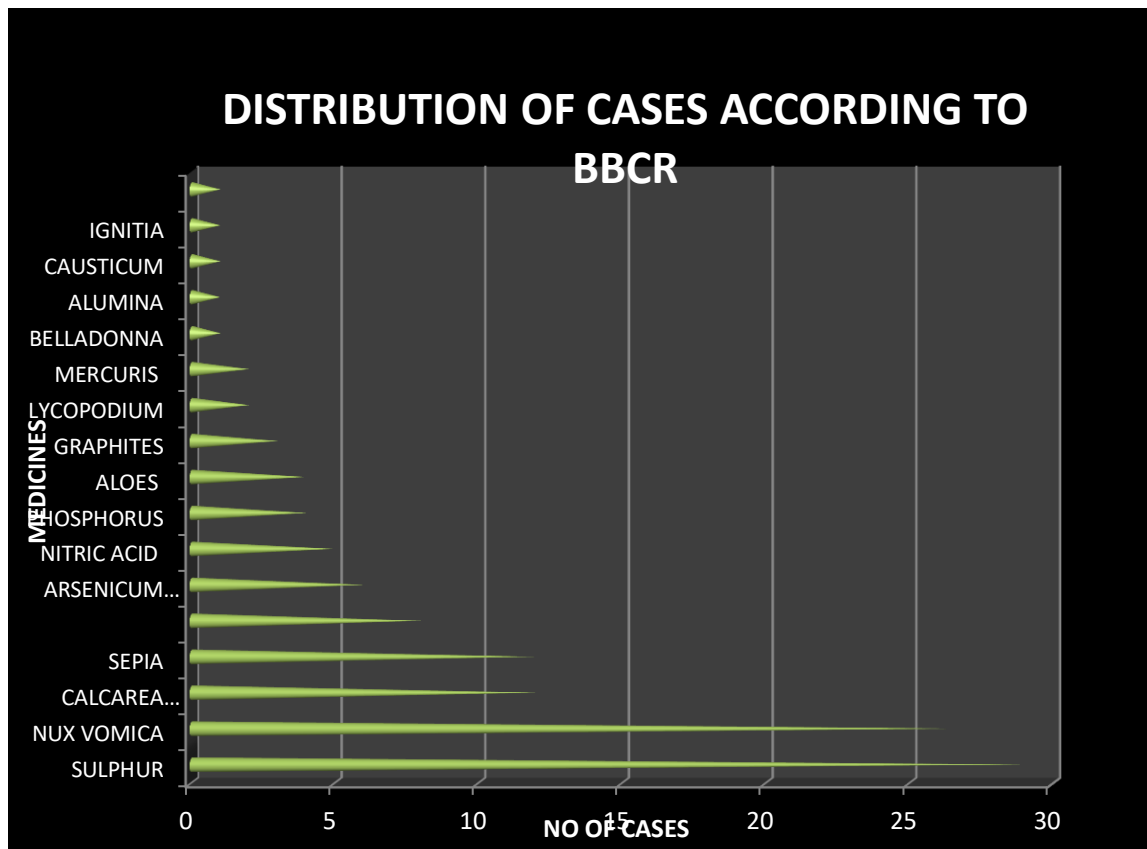


According to aggravating factors of 30 cases ,12 cases were suffering from pain during stool, 12 cases during sitting 5 cases were during spicy food , ,8 cases during touch ,5 cases during walking ,3 cases stool hard after ,& finally 3 cases during riding

TABLE 8 DISTRIBUTION OF FIRST FIVE MEDICINES IN BBCR

SL No.	Medicines which cover BBCR	No of cases	Percentage
1	SULPHUR	29	96%
2	NUX VOMICA	27	90%
3	CALCAREA CARB	12	36%
4	SEPIA	12	36%
5	NATRUM MUR	8	26%
6	ARSENICUM ALBUM	6	20%
7	NITRIC ACID	5	16%
8	PHOSPHORUS	4	13.3%
9	ALOES	4	13.3%
10	GRAPHITES	3	13%
11	LYCOPodium	2	6%
12	MERCURIS	2	6%
13	BELLADONNA	1	3%
14	ALUMINA	1	3%
15	CAUSTICUM	1	3%
16	IGNITIA	1	3%
17	MURATIC ACID	1	3%

CHART 8

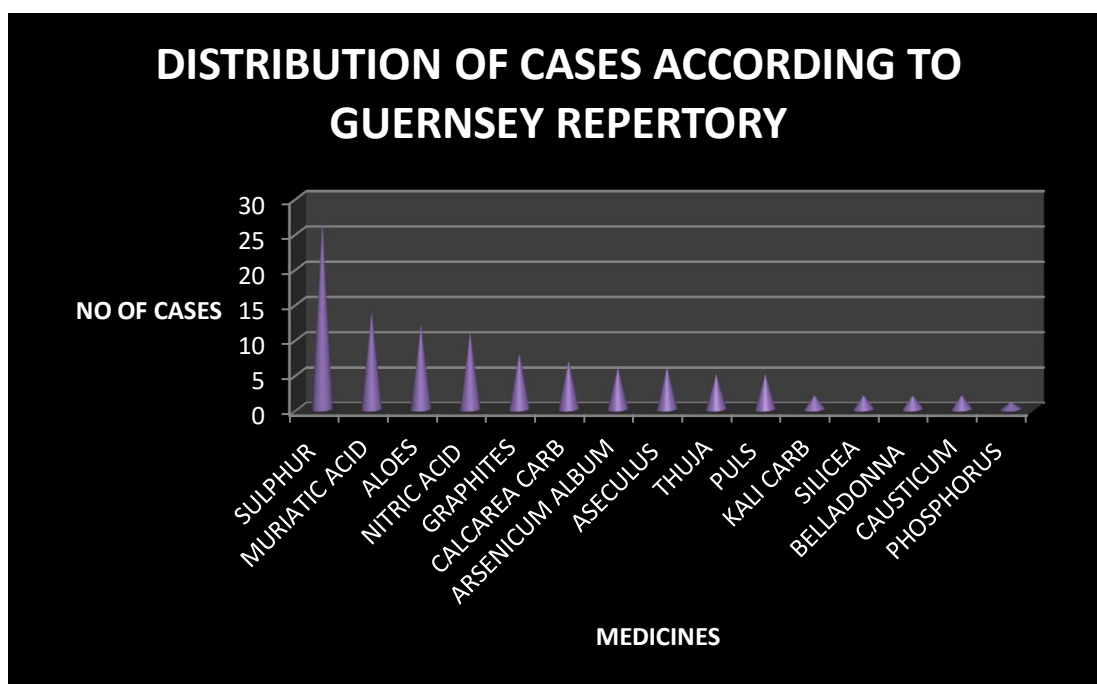


Among 30 cases first five medicines which comes under BBCR are 29 cases covers sulphur, 27 cases covers nuxvomica, 12 cases cover Calcarea carb, 12 cases covers sepia, 8 cases cover Natrum mur, 6 cases covers Arsenicum album, 5 cases cover Nitric acid, 4 cases cover phosphorous & Aloes. 3 cases covers Graphites, 2 cases cover Mercuris & lycopodium and the least cover 1 Medicines are Belladonna, Alumina, Causticum, Ignitia, Muratic Acid.

**TABLE 9 DISTRIBUTION OF FIVE MEDICINES IN GUERNSEY
REPERTORY**

SL NO	MEDICINES	NO. OF CASES
1.	SULPHUR	27
2.	MURIATIC ACID	14
3.	ALOES	12
4.	NITRIC ACID	11
5.	GRAPHITES	8
6.	CALCAREA CARB	7
7.	ARSENICUM ALBUM	6
8	ASECULUS	6
9.	THUJA	5
10	PULS	5
11	KALI CARB	2
12	SILICEA	2
13	BELLADONNA	2
14	CAUSTICUM	2
15	PHOSPHORUS	1

CHART 9



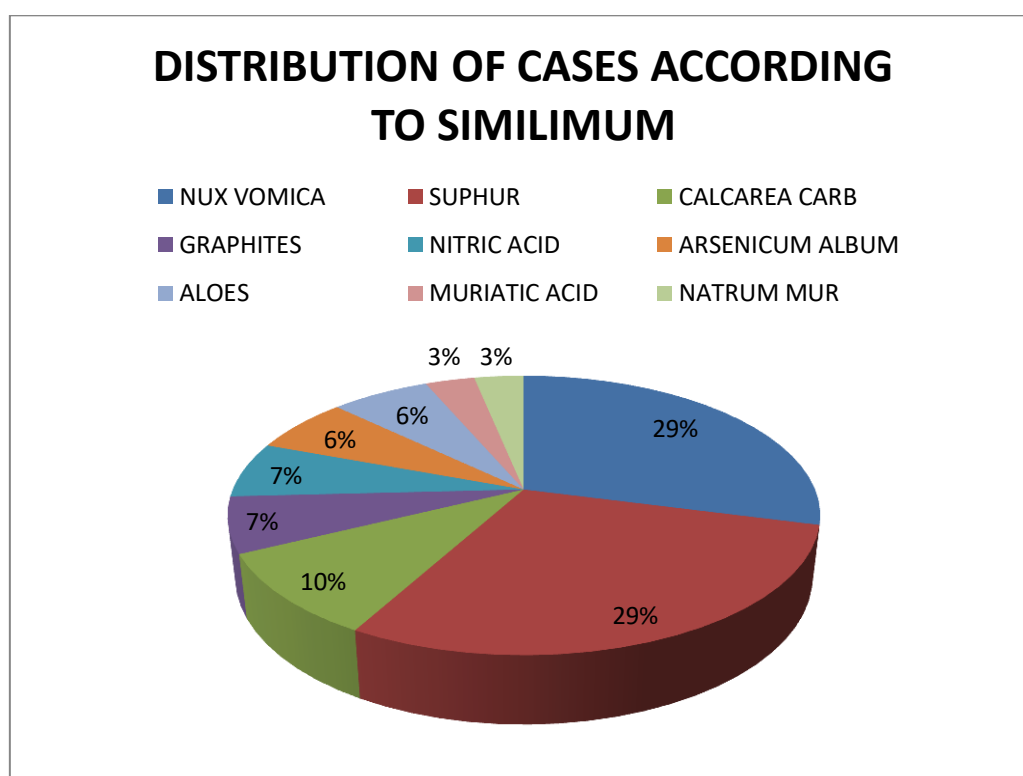
Among 30 cases first five medicines in guernsey, in which sulphur covers 29 cases ,muriatic acid covers 14 cases ,Aloes cover 12 cases,nitric acid covers 11 cases,Graphites with 8 cases,Calcarea carb with 7 cases,Arsenicum album and

Aseculus with 6 cases ,Thuja & pulsatilla with 5 cases,kali carb,silicea ,belladonna,causticum with 2 cases,& phosphorus with 1 case.

TABLE10 DISTRIBUTION OF CASES ACCORDING TO SIMILIMUM

SL NO	MEDICINES	NO. OF CASES	PERCENTAGE
1.	NUX VOMICA	9	29%
2.	SULPHUR	9	29%
3.	CALCAREA CARB	3	10%
4.	GRAPHITES	2	7%
5.	NITRIC ACID	2	7%
6.	ARSENICUM ALBUM	2	7%
7.	ALOES	2	7%
8.	MURIATIC ACID	1	3%
9.	NATRUM MUR	1	3%

CHART 10



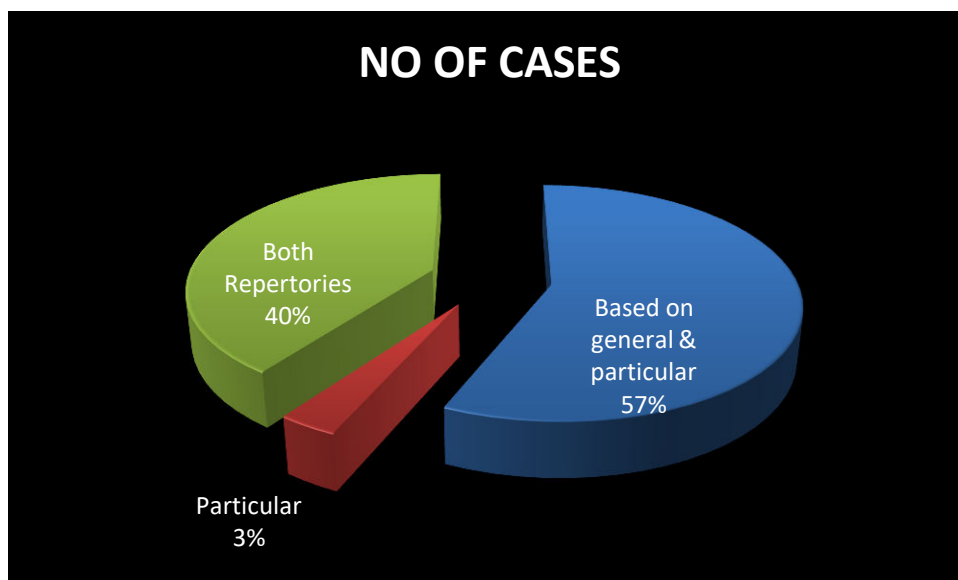
According to final similitum among 30 cases,Nux vomica & sulphur which equally covers 9 cases (29%),Calcarea carb with 3 cases (10%),Graphites with 2 cases,Nitric

acid with 2 cases , Arsenicum with 2 cases ,Aloes with 2 cases and Least covers Muriatic acid & Natrum Mur.

TABLE 11 DISTRIBUTION OF CASES ACCORDING TO COMPARATIVE SIMILARITY OF BOTH REPERTORIES

SLNO	TOTALITY	NO OF CASES	NO OF PERCENTAGE
1.	Based on general & particular rubrics	17	57%
2.	Based on Both repertories rubrics	12	40%
3.	Based on particular rubrics	1	3%

CHART 11



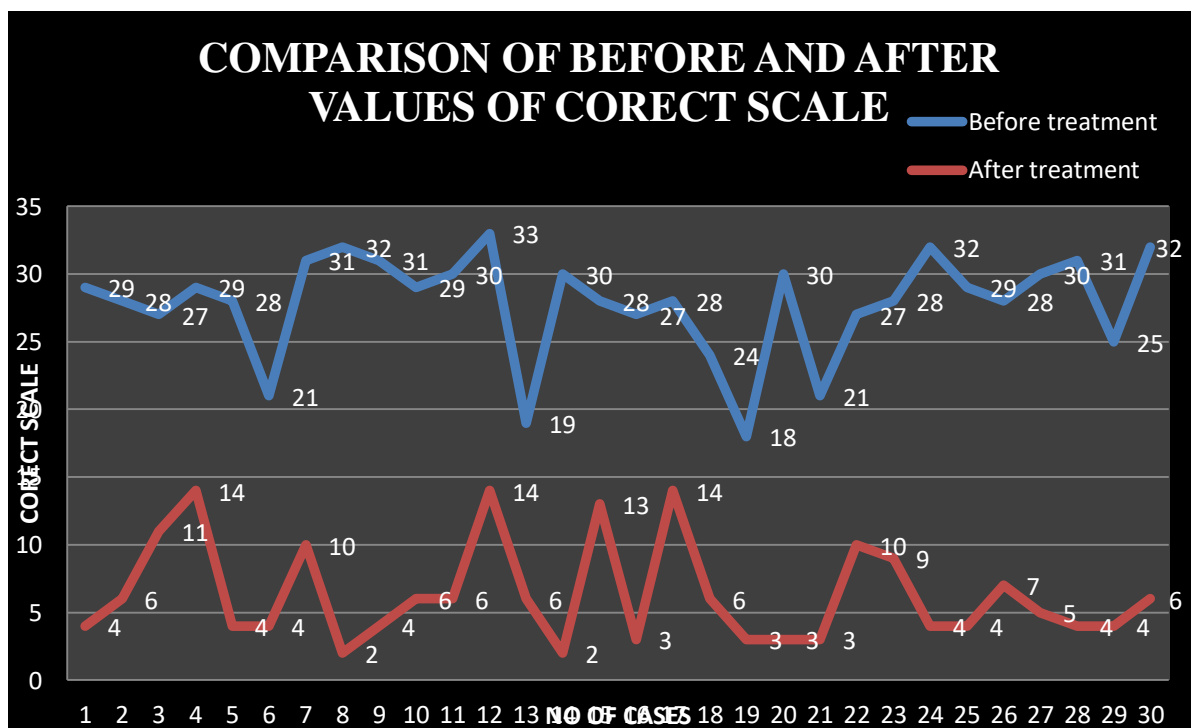
Among 30 cases , 17 cases (57%) medicine prescribed by considering the general & particular,12 cases (40%)medicines prescribed by considering the both repertories, and only 1 case (3%)medicine prescribed according to particular symptom

TABLE 12 COMPARISON OF BEFORE AND AFTER VALVES OF CORECT SCALE

SLNO	BEFORE TREATMENT	AFTER TREATMENT
1.	29	4
2.	28	6
3.	27	11
4.	29	14
5.	28	4
6.	21	4
7.	31	10
8.	32	2
9.	31	4
10.	29	6
11.	30	6
12.	33	14
13.	19	6
14.	30	2
15.	28	13
16.	27	3
17.	28	14
18.	24	6
19.	18	3
20.	30	3
21.	21	3
22.	27	10
23.	28	9

24.	32	4
25.	29	4
26.	28	7
27.	30	5
28.	31	4
29.	25	4
30.	32	6

CHART 12

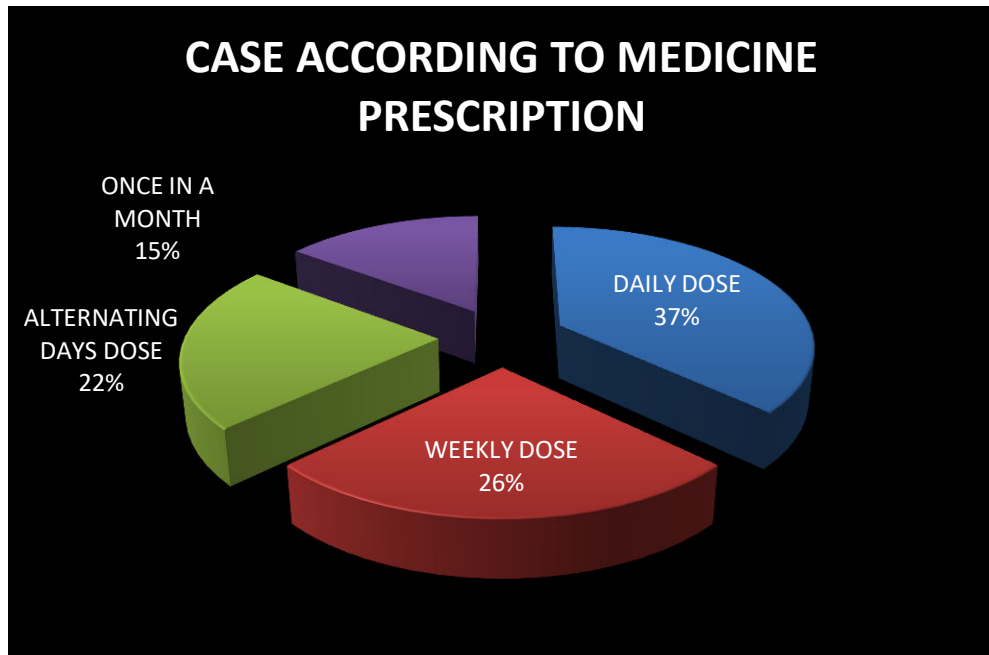


Total 30 cases were compared using CORECT scale and the improvement marked based on before & after scale and it shows a marked improvement

TABLE 13 DISTRIBUTION OF CASE ACCORDING TO MEDICINE PRESCRIPTION

DOSE	NO.OF CASES	PERCENTAGE
DAILY DOSE	10	33%
WEEKLY DOSE	7	23%
ALTERNATING DAYS DOSE	6	13.3%
ONCE IN A MONTH	4	20%

CHART 13

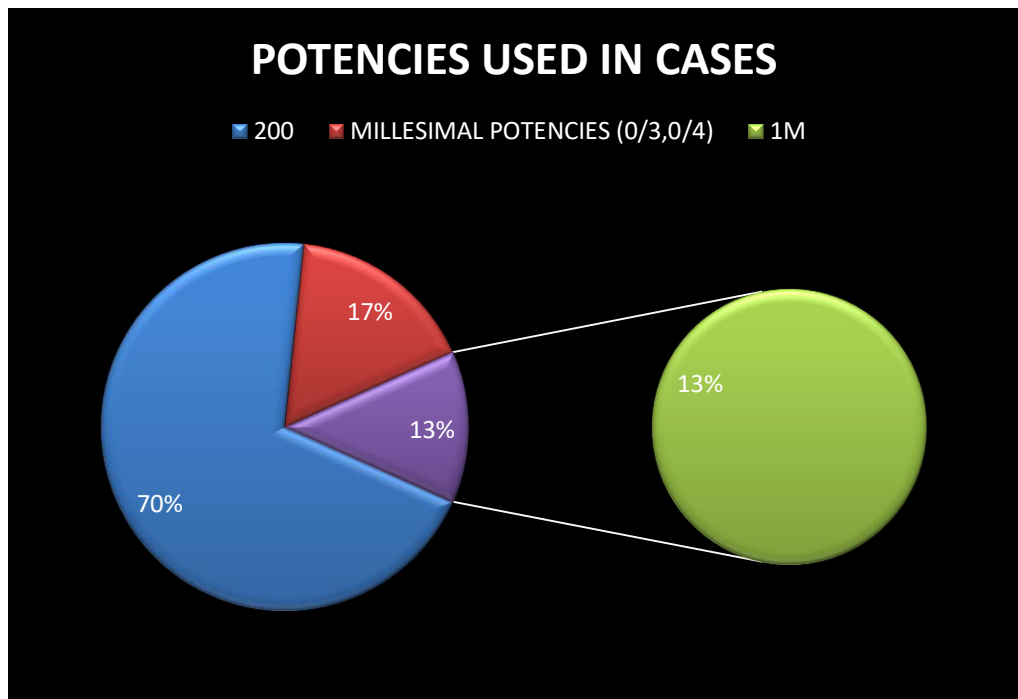


Among 30 cases 10 cases(33%) medicine prescribed by daily dose ,7 cases(23%) medicine prescribed by weekly dose,4 cases (13.3%)medicine prescribed by alternating dose and 6 cases(20%) medicine prescribed by monthly once.

TABLE 14. DISTRIBUTION SHOWS THE POTENCIES USED IN CASES UNDER STUDY

POTENCIES USED	NUMBER OF PATIENTS	PERCENTAGE
200	21	70%
MILLESIMAL POTENCIES (0/3,0/4)	5	17%
1M	4	13%

CHART 14

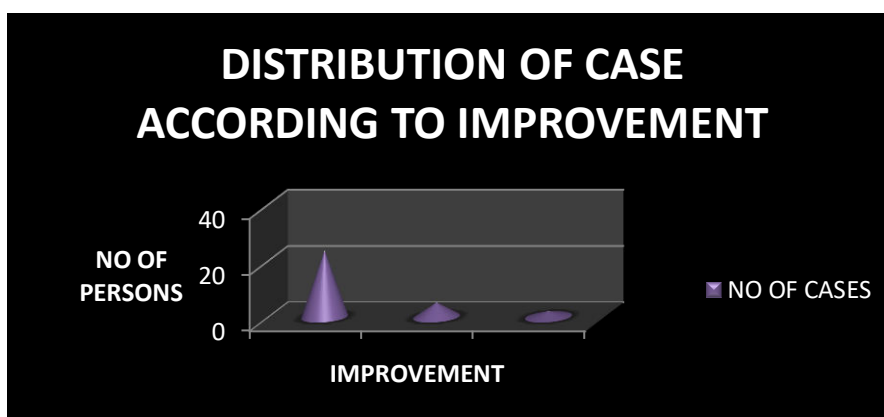


Among 30 Cases ,21 cases were prescribed with 200 potency (70%),5 cases were prescribed with 0/3,0/4 (Millesimal potency)and only 4 cases were prescribed with 1M potencies

TABLE 15 DISTRIBUTION OF CASES ACCORDING TO IMPROVEMENT

IMPROVEMENT	NO OF CASES	PERCENTAGE
MARKED IMPROVEMENT	23	76%
MODERATE IMPROVEMENT	5	17%
MILD IMPROVEMENT	2	7%

CHART 15



Among 30 cases under study 23 cases shows marked improvement, 5 cases shows moderate improvement & 2 cases shows mild improvement .

**TABLE 16 COMPARISION OF MEDICINES IN BOTH REPERTORIES
(BBCR &GUERNSEY)**

SLNO	MEDICINE IN BBCR	MEDICINES IN GUERNSEY
1.	SULPHUR	SULPHUR
2.	NUX VOMICA	MURIATIC ACID
3.	CALCAREA CARB	ALOES
4.	SEPIA	NITRIC ACID
5.	NATRUM MUR	GRAPHITES
6.	ARSENICUM ALBUM	CALCAREA CARB
7.	NITRIC ACID	ARSENICUM ALBUM
8	PHOSPHORUS	ASECULUS
9	ALOES	THUJA
10	GRAPHITES	PULS
11	LYCOPODIUM	KALI CARB
12	MERCURIS	SILICEA
13	BELLADONNA	BELLADONNA
14	ALUMINA	CAUSTICUM
15	CAUSTICUM	PHOSPHORUS
16	IGNITIA	
17	MURATIC ACID	

By comparing 30 cases the medicines in Both Repertories ,Sulphur which occupies the top position in BBCR & Guernsey .Other than this Medicines common in both Repertories are Calcarea carb,Arsenicum album,Phosphorous,Aloes,Graphites Belladonna,Causticum,Muriatic acid but with different gradations.The medicines which present only in BBCR are Sepia,Nat.mur,Lycopodium,Mercuris,Ignitia,Alumina.The medicine which present in Guernsey are Aesculus,Thuja,Pulsatilla,kali carb,Silicea.

STATISTICAL ANALYSIS

TABLE NO.14

SLNO	X	Y	d =x-y	$d-\bar{d}$	$(d-\bar{d})^2$
1.	29	4	25	3.6	12.96
2.	28	6	22	0.6	0.36
3.	27	11	16	-5.4	29.16
4.	29	14	15	-6.4	40.96
5.	28	4	24	2.6	6.76
6.	21	4	17	-4.4	19.36
7.	31	10	21	0.4	0.16
8.	32	2	30	8.6	73.96
9.	31	4	27	5.6	31.36
10.	29	6	23	1.6	2.56
11.	30	6	24	2.6	6.76
12.	33	14	19	-2.4	5.76
13.	19	6	13	-8.4	70.56
14.	30	2	28	6.6	43.56
15.	28	13	15	-6.4	40.96
16.	27	3	24	2.6	6.76
17.	28	14	14	-7.4	54.76
18.	24	6	18	-3.4	11.56
19.	18	3	15	-6.4	40.96
20.	30	3	27	5.6	31.36
21.	21	3	18	-3.4	11.56
22.	27	10	17	-4.4	19.36
23.	28	9	19	-2.4	5.76
24.	32	4	28	6.6	43.56
25.	29	4	25	3.6	12.96
26.	28	7	21	-0.4	0.16
27.	30	5	25	3.6	12.96
28.	31	4	27	5.6	31.36
29.	25	4	21	-0.4	0.16
30.	32	6	26	4.6	21.16
Total			$\Sigma d_1 = 644$		$\Sigma (d_1 - \bar{d}_1)^2 = 686.6$

X=Score before treatment

Y=Score after treatment

d= mean difference

A.NULL HYOTHESIS

There is no difference between the disease intensity scores taken before and after the homoeopathic treatment .

B.ALTERNATE HYPOTHESIS

There is difference between the disease intensity scores before and after the homoeopathic treatment .

C.STANDARD ERROR OF THE MEAN DIFFERENCE

The mean of differences , $\bar{d}_1 = \Sigma d_1/n=644/30=21.4$

The estimate of population standard deviation is given by,

$$\Sigma(d_1-\bar{d}_1)^2=686.6$$

$$\begin{aligned}SD &= \sqrt{\Sigma(d_1 - \bar{d}_1)^2 / n - 1} \\&= \sqrt{686.6/29} = 4.86\end{aligned}$$

$$\text{Standard error (S.E)} = S.D/\sqrt{n}$$

$$= 4.86/\sqrt{30}=0.887$$

A. The test statistics is Paired t:

$$\text{Critical ratio, } t = \frac{\bar{d}}{s.d/\sqrt{n}} = 21.4/(0.889) = 24.07$$

t-Test: Paired two sample for means

	X	Y
Mean	27.83333	6.366667
Variance	14.6954	13.96437
Observations	30	30
Pearson Correlation	0.170505	
Hypothesized Mean Difference	0	
Df	29	
t Stat	24.11391	
P(T<=t) one-tail	4.88E-21	
t Critical one-tail	1.699127	
P(T<=t) two-tail	9.76E-21	
t Critical two-tail	2.04523	

D.MEAN & VARIANCE

Mean of before treatment intensity score -27.83

Mean of after treatment intensity score - 6.36

Variance of before treatment intensity score- 14.69

Variance of after treatment intensity score-13.96

The above data depicts that the mean and variance of before and after intensity score show equal variance; they have equal variance

E.COMPARISON WITH TABLED VALUE

The critical ratio 't' follows a distribution with n-1 degrees of freedom. The 5% level is 2.04523 and 1% level is 1.69 for 29 degrees of freedom. Since the calculated value 24.07 is greater than the tabled value at 5% and 1% level, the null hypothesis is rejected.

F.INFERENCE

This study shows significant reduction in the disease intensity scores after the homoeopathic treatment. Hence, this study shows that homoeopathic treatment is very effective in the treatment of Hemorrhoids.

6. DISCUSSION

My study mainly focused to show comparison of Rubrics in BBCR with the rubrics of Hemorrhoids by guernsey repertory .The subjects for the study were selected from the patients with symptoms of Hemorrhoids who attended the OPD& IPD of Sarada krishna Homoeopathic Medical college satisfying the inclusion criteria.A study of 30 cases are selected for the study between the age group 18-65 years,based on clinical presentation.

The medicines were selected for each individual case, after analysis & repertorization using BBCR & guernsey repertory .Case were reviewed at regular intervals of follow up criteria were fixed based on symptom ,score chart & cases are followed for a minimum of 6 months Assessment of all 30 patients are done before & after treatment .Symptom scoring was done based upon the intensity of the disease before & after study .Sum of these grades were considered before & after treatment analysed statistically using paired 't' test .

From the observations recorded in the study.I discuss some of the findings that have been brought out new from my study and also relate my evolvement with some previous research study .

GENDER

In my current study in 30 cases under study 15 patients were female (50%) and 15 patients were Male (50%)

A Study in a semi urban area GG.Rabindranath B.G Rahul .Dept of general surgery Vishwabharathi Medical college Andhrapradesh⁽²¹⁾.Conducted study in 63 patients says that 33.3 were female and remaining 30 were males .So my study when corelated with previous study shows that males and females are prone to have Hemorrhoids .

AGE

In my study 30 patients are selected from OPD for study purpose.The age sample varies from 18-65 years .Among these 41-50 age group shows maximum number of patients 12 cases (40%).21-30 years shows 8 cases (27%) .31-40 years age group shows 4 cases.

My result is corelated with a study “A study conducted in Hospital of National Institue of Unani Medicine “An overview a cross sectional study by Rizwan mansoor khan A study was Carried out in 311 patients of National Institue of unani Medicine.The highest Prevalence of Hemorrhoids was seen in age group of 40 years of age and lowest in 20-30 years.

This corelation conveys that age group 41-50 years are more eminent to develop Hemorrhoids.

OCCUPATIONAL STATUS

According to my study ,it reveals that Housewives are predominantly affected 11 cases (37%).Next group were Drivers 3 cases,student 3 cases,Business man 3

cases, welding workers 2 cases .The least representation was among interior designer ,teacher ,maison, security and pharmacist with 1 cases.

A Study of Related to Risk Factors and clinical features of Hemorrhoids by S.Asif Ali Mohammed Fazelul Rahman shoeb study was conducted in Krishnarajendra Hospital Mysore .Among 250 patients, 55 patients are housewives ,15 students and 10 business man.

Another study was conduct from department of clinical pharmacy and pharmacy administation faculty of Pharmacy ,university of Ibadan Nigeria reportes as 13.5% teachers and 5.8 % students.

In the study housewives were affected due to pregnancy. sedentary food styles ,spicy food .At first they neglect the disease after worsening they seek Medicine ,This may be cause of Hemorrhoids. So occupation has a key role in onset of Hemorrhoids.

DIET

Based on dietary Habits of my study ,Among 30 cases the 25(83%) cases are Mixed and only 5 (17%)cases are vegetarians.

“A Study in a semi urban area GG.Rabindranath B.G Rahul .Dept of general surgery Vishwabharathi Medical college Andhrapradesh⁽⁴⁰⁾.Which says that Among 100 patients less than 40% of patients were vegetarians with more than half of patients having a Mixed diet.(60%)

When compared with my study mixed diet patients are prone to get Hemorrhoids.

Vegetarians diet has more chance of fiber content in diet. This may be reason why vegetarians are less in study population .

FAMILY HISTORY

According to my study it reveals that there is a hereditary relation ship in cases of Hemorrhoids. Among 30 cases 7 cases have the Family history of Hemorrhoids and remaining 23 cases does not have any relation ship.

A Study in a semi urban area GG.Rabindranath B.G Rahul .Dept of general surgery Vishwabharathi Medical college Andhrapradesh⁽²¹⁾ The study reveals that Among 63 patients more No.of women with h/o of Hemorrhoids in their family 47.6% while H/o in males only 26.2%

This corelation conveys that there is relation ship between family History in case of Hemorrhoids.

SELECTION OF RUBRICS

In ,my study ,rubrics are selected from Boger Boenninghausen's characteristics & Repertory & guernsey repertory .from this the most frequently used rubrics are Bleeding in 17 cases (56%) Burning pain in 13 cases (13), ,stiching pain in 7 cases (23%),Aching pain in 7 cases(23%),itching in 7 cases(23%) ,fissure in 1 cases(3%) ,Sensitiveness in 6 cases (20%), ,protusion in 7 cases(23%) ,irritation in 1 (3%) case,Dryness in 2 (6%) cases ,Difficult stool in 8 cases(26%) .So in this study ,the most commonly used rubric was Bleeding which had been used in 17 cases (56%).In BBCR Bleeding ,was mention in ANUS &RECTUM (ie)HEMORRHOIDS - BLEEDING,In Guernsey BLEEDING was mentioned in OBJECTIVE SYMPTOM . Other symptoms of HEMORRHOIDS in BBCR Are stitching stiches ,Burning ,itching in anus,fissured ,sensitive,swelled,fullness were in ANUS & RECTUM Chapter. In GUERNSEY repertory stinging (stitches),burning Aching ,itching were

under subjective symptom, fissure & sensitiveness are objective symptom. Since there was no previous studies based on these .

DISTRIBUTION OF CASES ACCORDING TO MODALITIES

In my study Modalities are selected from Boger Boenninghausens's characteristics & Repertory & Guernsey repertory from this most frequently used aggravating factors are during stool in 12 cases (40%) sitting in 12 cases (40%), spicy food in 5 cases (16%), touch in 8 cases (26%), walking in 5 cases (16%), stool hard after in 3 (10%) cases, riding in 3 (10%) cases. So in this study the most commonly used aggravating factors was during stool 12 (40%) & sitting 12 (40%).

A study related to "prevalence & predictors of Hemorrhoids among commercial motor cyclists in Kaduna state, Nigeria 290 motor cyclists in Kaduna state, that majority of participant knew about Hemorrhoids. Factors associated with high prevalence include sitting in chair 11, floor 16, motor bike 58, standing 15.

My study also which correlates with the previous study .

DISTRIBUTION OF CASES ACCORDING TO FIRST FIVE MEDICINES IN BBCR

Among 30 cases first five medicines which covers in BBCR are Sulphur in 29 (96%) cases, Nuxvomica in 27 cases (90%), Calcarea carb in 12 cases (36%), sepia in 12 cases (36%) Natrum mur in 8 cases (26%), Arsenicum alb in 6 cases (20%), Nitric acid in 5 cases (16%), Phosphorus in 4 cases (13%), Aloes in 4 cases (13%), Graphites in 3 cases (13%), Lycopodium in 2 cases (6%), Mercuris in 2 cases (6%), Belladonna in 1 case (3%), alumina in 1 case (3%), Causticum in 1 case (3%), Ignitia in 1 case (3%), Muratic acid 1 case (3%). So in this study the most

common medicine in BBCR is Sulphur with 29 (96%)cases. Since there was no previous studies based on these ,my study says that sulphur is found to be effective in all hemorrhoids case.

DISTRIBUTION OF CASES ACCORDING TO FIRST FIVE MEDICINE IN GUERNSEY

Among 30 cases first five medicines which cover in Guernsey are Sulphur in 27 cases (90%),Muriatic acid in 14 cases (46%),Aloes in 12 cases(36%),Nitric acid in 11 cases (33%),graphites in 8 cases (26%),Calcarea carb in 7 cases (23%),Arsenicum album in 6 cases(20%) ,Aesculus in 6 cases (20%),Thuja in 5 cases(16%),Pulsatilla in 5 cases(16%),Kali carb in 2 cases(6%) ,silicea in 2 cases(6%),Belladonna in 2 cases(6%) ,causticum in 2 cases (6%),Phosphorous in 1 case(3%).From this study the most common in Guernsey repertory is Sulphur with 27 cases (90%). Since there was no previous studies based on these ,my study says that sulphur is found to be effective in all hemorrhoids case

COMPARISION OF MEDICINES IN BOTH REPERTORIES (BBCR &GUERNSEY)

By comparing 30 cases the medicines in Both Repertories ,Sulphur occupies the top position in BBCR & Guernsey .Other than this ,Medicines common in both Repertories are Calcarea, Arsenicum album Phosphorous, Aloes,Graphites Belladonna,Causticum,Muriatic acid but with different gradations.The medicines which present only in BBCR are Sepia,Nat.mur,Lycopodium,Mercuris,Ignitia,Alumina.The medicine which present in Guernsey are Aesculus,Thuja,Pulsatilla,kali carb,Silicea.Since there was no previous studies based on these ,my study says that sulphur is found to be effective in all hemorrhoids case.

DISTRIBUTION OF CASES ACCORDING TO MEDICINE PRESCRIBED

The most used medicine was Nux vomica & sulphur out of 30 patients ,9 patients (29%) got improved after prescribing nux vomica , & 9 Patients (29%) got relief prescribing sulphur ,3 patients (10%) prescribed with Calcarea carb, 2 Patients (7%) with Graphites,Nitric acid,Arsenicum album ,Aloes.and remaining 1patient(3%) with Muriatic acid & Natrum mur.

From one study about the” Efficacy of sulphur in Hemorrhoids “ Homeopathy clinical case recorder ,A peer reviewed journal,by Patilj.d ,Ashish Bhagat in this study it mentions that nearly about 76%of cases avoid the surgery and few peoples to relieve them of suffering with the help of sulphur and proved sulphur was effective in the management of Hemorrhoids (40)

This study correlates with my study that sulphur is very effective in treatment of Hemorrhoids

Another study”Effect of Homoeopathic LM potencies in Acute Attacks of Hemorrhoidal disease it was a randomised single blind placebo –controlled Trial “⁽⁴¹⁾ Among 125 patients 30 patients improved with phosphorous & next 22 improvement by Nux vomica.

This study also corelates with my study that nux vomica is effective in treatment of hemorrhoids.

DISTRIBUTION OF CASES ACCORDING TO COMPARATIVE SIMILARITY OF BOTH REPERTORIES

Among 30 cases , 17 cases (57%) medicine prescribed by considering the general & particular rubrics of BBCR only ,12 cases (40%)medicines prescribed by considering the both repertories rubrics , and only 1 case (3%)medicine prescribed according to particular rubric.Both repertories are useful in selection of medicine, but when selecting medicine from individual repertory , BBCR Covers 17 cases, and it found to be more effective than guernsey which covers 1 case.

By this study can conclude that complete symptom Repertory (ie BBCR –Repertory with mental ,physical ,& particular symptom) helps in improvement of patient more than other Repertory (GUERNSEY- Only particular symptom) Since there was no previous studies based on these ,my study says that complete symptom repertory helps in improvement of patient .

DISTRIBUTION OF CASES ACCORDING TO DOSE GIVEN

According to my study from 30 cases ,10 cases are prescribed with daily dose,7 cases are prescribed with weekly dose,6 cases were prescribed with alternating dose ,4 cases are prescribed with once in a month. Since there was no previous studies based on these ,my study says that medicine prescribed on daily dose shows improvement of patient .

DISTRIBUTION OF CASES ACCORDING TO POTENCY GIVEN

According to this study from 30 cases ,21 cases (70%) were treated with 200 potency ,and 5 cases (17%) with 0/3,0/4 potency,and 4 cases with 1M Potency . And so,the commonly used potency in this study was 200 potency. And it reveals that the majority of the patients were improved with 200 potency in Hemorrhoids.

A clinical study on Homoeopathic medicines in pain management of Hemorrhoids in adult age group by Dr.joseph T.kariyil ,among 30 cases 23 cases were prescribed with centesimal potencies ,13 cases were decimal potencies and 3 cases were LM scale

In an open observational study “ Treatment of Hemorrhoids with individualized Homoeopathy”which assessed hemorrhoids under 5 scales (itching ,pain,heaviness,bleeding ,anoscopic score)centesimal scale 84.6% ,LM 11.5%.

Majority of study were treated with centesimal ,decimal,Lm potencies.my study reveals that 200 potency is also effective .

DISTRIBUTION OF CASES ACCORDING TO IMPROVEMENT OF THE PATIENT

In my study out of 30 cases ,Marked improvement in 23 cases and moderate improvement in 5cases and mild improvement in 2 cases. when compared to improvement in this study ,majority of cases showed marked and moderate improvement and hence by using Boger Boenninghausen characteristics Repertory in finding similimum by treating Hemorrhoids was useful.

7. LIMITATIONS

1. Number of samples used in this study is very small. Therefore generalization of the result and inferences of the study need to be done cautiously.
2. This was a time bound study .The cases were followed up only for a period of maximum 2 months
3. Selection of cases were difficult since many of the cases were irregular in reporting, many of them were not willing to do proper investigations and some of them even dropped out.
4. There is no diet restrictions therefore some human errors are expected.
5. There was no control group since the sample size was small.
6. In some cases necessary information was lacking and the study was based on the available data.
7. There was not enough standard studies to compare or take guidance from a study of this nature in homoeopathy .There fore some human errors are expected .
8. Proctoscopy procedure was limited because ,Most of the patients are from rural areas and also mostly females and they were not ready to do protoscopy .

RECOMMENDATIONS

1. Bigger sample size with extended time for research will provide better results .
2. It will be always scientific if control(placebo)group would have been kept simultaneously to verify the effectiveness of treatment .
3. Universal standardized scale can be used ,so that evaluation of outcome of study would become precise .
4. Need protoscopy examination for more standarize this type of study.

8.CONCLUSION

A study on the title “ A comparison of rubrics in boger boenninghausen characteristic repertory with the rubrics of repertory of haemorrhoids by w.m.j guernsey in hemorrhoids”was conducted on Sarada krishna Homeopathic Medical College and Hospital with a sample of 30 cases symptoms were analysed before and after the study .

The study results showed prevalence in the age group of 41-50 years .Males and females are equally affected .females were more affected are mostly they were housewives.Sulphur & Nuxvomica were frequently used remedy which equally covers 9 cases (29%),Calcarea carb with 3 cases (10%),Graphites with 2 cases,Nitric acid with 2 cases , Arsenicum with 2 cases ,Aloes with 2 cases and Least covers Muriatic acid & Natrum Mur .7 cases showed family History of Hemorrhoids.

The disease intensity score before treatment showed marked reduction after treatment in all the cases.Marked improvement in 76% and remaining 24% reported one or two symptoms like swelling or pain during defecation.

The statistical analysis for testing the significance of the study by ‘t test ‘showed that Homoeopathic treatment is very effective in treatment of Hemorrhoids .

This clinical study conducted on the cases of Hemorrhoids ,based on strict individualization The study provides evidence to say that there is a significant reduction in hemorrhoids by administering homoeopathic treatment on the basis of repertorisation with Both BBCR &guernsey repertory .Hence we can conclude that clinically there is significant difference between BBCR repertory and guernsey repertory in their role according to effectiveness of remedy based on each repertory in treatment of hemorrhoids. On analysis marked reduction of symptom was noticed after medicine prescription in BBCR .clinically it was proved that complete symptom repertory helps in treatment of Hemorrhoids.

9. SUMMARY

A total no of 30 cases suffered with hemorrhoids were randomly selected based on Inclusion &Exclusion criteria. The cases were repertorized under 2 categories and prescription after careful analysis based on totality of symptoms .30 cases were repertorized by BBCR& Guernsey Hemorrhoids Correlation with materia medica are also undertaken to differentiate correct similimum, The study was subjected to statistical analysis and results were made from observations My study which was carried in 30 patients showed mild to moderate improvement in CORECT scale score. which was the scale I had used for pain .On analysis marked reduction of symptom was noticed after medicine prescription in BBCR. Clinically it was proved that complete symptom repertory helps in treatment of Hemorrhoids.

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APPENDIX 1

GLOSSARY/DEFINITIONS

REPERTORY

Repertory is asystematically and logically arranged index to the Homoeopathic Materia medica Which is full of information collected from toxicology drug proving and clinical experience.

MATERIA MEDICA

The branch of medical science concerned with the study of drugs used in the treatment of disease .It includes Pharmacology ,clinical pharmacology,and the history ,physical and chemical properties of drugs&the drugs used in the treatment of disease.

RUBRICS

Rubrics are the converted forms of symptoms of aperson or drug thus a rubric is the repertorial language of reperesenting a symptom.

SIMILIMUM

The homoeopathic remedy that produces the set of symptoms most like that which the disease produces.

POTENCY

The power is derived by the grades of medicinal power as developed by the process of dynamisation.potency means dilution of energy .

AGGRAVATION

An increase in intensity ,seriousness ,or severity ,act of making worse.

AMELIORATION

To make or become better,more bearable ,or more satisfactory ,improve.

APHORISM

It is a terse saying, expressing a general truth, principle, or exact observation and spoken or written in a laconic and memorable form. Aphorism literally means a “distinction” or “definition”.

PLACEBO

Something that is of an unmedicated nature advised to satisfy the patient, in order to avoid disturbance to the previously advised medicine & to create confidence that the patient has been using medicine regularly.

ANEMIA

A condition in which there is a deficiency of red cells or of Haemoglobin in the blood, resulting in pallor and weariness.

HEMORRHOIDECTOMY

Surgical removal of Hemorrhoids

SKIN TAG

Skin Tags are small flesh-coloured or brown growths that hang off the skin and look a bit like warts.

PYLEPHLEBITIS

Pylephlebitis is defined as an inflamed thrombosis of the portal vein. It is a rare complication of an intra-abdominal infection.

HEMATOCRIT

The hematocrit also known as packed cell volume or erythrocyte volume fraction is the volume percentage of red blood cells in the blood.

Appendix - V

“Case records are our valuable asset”

SARADA KRISHNA

HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

KULASEKHARAM, KANYAKUMARI DIST, TAMIL NADU- 629161

CHRONIC CASE RECORD

O.P. No:

UNIT :

Date:

Name:

Age: Sex: Religion: Nationality:

Name of father/Spouse/Guardian/Son/Daughter:

Marital status:

Occupation:

Family size:

Diet:

Address:

Phone No (Mobile):

FINAL DIAGNOSIS:

Homoeopathic					
Disease					
RESULT:	Cured	Relieved	Referred	Otherwise	Expired

2. INITIAL PRESENTATION OF ILLNESS		
PATIENT'S NARRATION (in the very expressions used by him/her)	PHYSICIAN'S INTEROGATION (details Regarding symptoms narrated	PHYSICIAN'S OBSERVATION

3. PRESENTING COMPLAINTS

LOCATION (tissues,organs,systems extensions & duration direction & frequency)	SENSATION & PATHOLOGY	MODALITY (>,<) & A/F (=)	CONCOMITANTS IF ANY

4. HISTORY OF PRESENTING ILLNESS:

5. HISTORY OF PREVIOUS ILLNESS

NO	Age/Year	Illness, trauma, fright, burns, drug allergy(ies), operation(s), exposure(s), innnocation, vaccination(s), serum, steroids, hormone therapy, antibiotics, analgesics, etc.	Treatment Adopted	Outcome

6. HISTORY OF FAMILY ILLNESS

7. PERSONAL HISTORY

A. LIFE SITUATION

Place of birth:

Caste:

Socio- economic status:

Nutritional status:

Dwelling:

Customs:

Nature of Work:

Political Status:

Religion:

Educational status :

Marital status:

Year of Marriage:

Family status:

Father: ; Mother: Siblings: Male: Children:

B. HABITS & HOBBIES

Food:

Addictions:

Sleep:

Artistic:

Games/Sports:

C. DOMESTIC RELATIONS

With family members:

With other relatives:

With neighbours/friends/colleagues:

D. SEXUAL RELATIONS:

Pre-Marital:

Marital:

Extra Marital:

Others:

8. LIFE SPACE INVESTIGATION

9. MENSTRUAL HISTORY:

A.Menses

L.M.P:

Amenorrhoea-

Primary/Secondary

Cycle/Regularity &its Duration	Duration Of Menses	FLOW			
		Qty	Consistency &clots	Color & ododr	Stains &Acidity

CONCOMITANTS

BEFORE	AT START OF	DURING	AFTER

B.Previous History: Changes in Menstrual Cycle

Menarche:

Early/Late

Early Years (first 3-4 Yrs)

Before Marriage:

FMP:

After Pregnancy(ies)

Recent

Complaints related to

Menarche

After Marriage

C. Climacteric:

Symptoms associated

Pre-Menopause	With Menopause	Post Menopause

D. Abnormal Vaginal Discharges (Leucorrhoea/Lochia)

Type	Qty	Onset Duration	Color Odour	Stains Acridity	Relation with menses	Modalities	Accompaniments	Obvious reason if any

10. OBSTETRICAL HISTORY:

Gravida	Para	Abortion	Death	Live

A.Previous Pregnancies Including Abortion:

No	Age of Conception	Yr. Date and Period Of Pregnancy	Abnormalities in Pregnancy & Treatment Adopted	Labour Events	Mode Of Delivery	Nature Of Purperium

Child

Gender	Birth Weight	Condition of Birth	Congenital Abnormality	Viability	Cause of Death	Lactation History

B. Contraceptive method(s) adopted
(used/inuse/duration)

1. Temporary

2. Permanent (changes of contraceptive method(s) and if so reason, any complaints from use)

C. Present Pregnancy: L.M.P

Date of Quickening

E.D.C

H/O Morning sickness

Other Complaints

11. GENERAL SYMPTOMS:

A. PHYSICALS

I. FUNCTIONAL

1. Appetite :

2. Thirst :

3. Sleep :

4. Dreams

II. ELIMINATIONS

1. Stool :

2. Urine :

3. Sweat :

4. Breath

5. Discharges

6. Abnormal Secretions & Excretions

III . REACTIONS TO

REACTIONS TO	Aversions	Desire	Intolerance/ Sensitive to	Aggravation	Amelioration
Time					
Thermal					
Season					
Meteorological					
Moon Phase					
Places					
Air/Fanning					
Clothing/Covering					
Bathing/Washing					
Food/Drinks					
Undigested Food					
Touch/Pressure					
Posture					
Motion					
Sleep					
Sex					
Spl.Senses					
Eliminations					
Menses					

IV . CONSTITUTIONAL

Physical Makeup	Temperament	Thermal	Side Affinity	Sensation/Tendencies

B. MENTAL GENERAL

1. Will & Emotions including motivations (Love, hat, anger, sadness, fear.fright, anxiety, suspicious, cause, modalities, state, aversion and cravings (excluding food & drinks,) etc.

2. Understanding and Intellect (perception, thinking, consciousness, decision, confidence, speech, motivation, cause, mental state)

3. Memory (Effect on Behaviour & functions)

12. PHYSICAL EXAMINATION

A) GENERAL

- Conscious :
- General appearance:
- General built and nutrition:
- Height
- Weight
- BMI
- Anaemia:
- Jaundice:
- Clubbing:
- Cyanosis:
- Oedema :
- Nails
- Gait
- Lymphadenopathy:
- Pulse rate:
- Temp
- Others

Resp rate:

B.P:

B.SYSTEMIC EXAMINATION

- 1.Respiratory system:
- 2.Cardiovascular system:
- 3.Gastro Intestinal system:
- 4.Urogenital system:
5. Skin and glands :
6. Musculoskeletal system
- 7.Central Nervous system:
- 8 . Endocrine:
- 9.Eye and ENT:
- 10.Others:

C.REGIONALS

13. LABORATORY FINDINGS

14. DIAGNOSIS

- ❖ Provisional Diagnosis :
- ❖ Differential Diagnosis:

- ❖ Final Diagnosis (Disease):

15 .DATA PROCESSING

A . ANALYSIS OF CASE

COMMON	UNCOMMON

B. EVALUATION OF SYMPTOMS/TOTALITY OF SYMPTOMS

C. MIASMATIC ANALYSIS:

	PSORA	SYCOSIS	SYPHILIS
Family History			
Past History			
Mind			
Body			

Miasmatic Diagnosis:

D. TOTALITY OF SYMPTOMS

E. HOMOEOPATHIC DIAGNOSIS

16 . SELECTION OF MEDICINE

A. Non Repertorial Approach

B. Repertorial Approach

a)Reprtorial Totality: (Selection of appropriate Repertory, Selection of symptoms for repertorisation, conversion of symptoms into corresponding rubrics for repertorisation)

No	Symptoms	Rubrics	Explanation	Page No

b) Repertorial result:

Medicine						

c) PDF if any

d) Analysis of Repertorial Result

17. SELECTION OF POTENCY AND DOSE

A. Potency

B. Dose

18. PRESCRIPTION

19. GENERAL MANAGEMENT INCLUDING AUXILIARY MEASURES

A. General/Surgical/Accessory:

B. Restrictions (Diet, Regimen etc.):

Disease	Medicinal

20. PROGRESS & FOLLOW UP

DATE	SYMPTOM(S) CHANGES	INFERENCE	PRESCRIPTION

APPENDIX III

SCORE CHART

BEFORE TREATMENT

SL NO	NAME	PAIN	BLEEDING	SWELLING	ITCHING	DISCOMFORT	IMPACT ON WELL BEING	TOTAL
1.	MA	7	6	1	5	6	6	29
2.	SS	6	5	4	5	5	3	28
3.	YD	5	4	3	3	6	6	27
4	JH	5	5	2	4	7	6	29
5.	SR	4	6	3	2	7	6	28
6.	SI	6	4	1	4	6	7	21
7.	DD	7	6	1	5	6	6	31
8.	RH	6	5	4	5	7	5	32
9.	BN	7	4	4	5	5	5	31
10	CU	5	5	2	4	7	6	29
11.	LA	6	5	4	3	6	6	30
12.	SA	6	6	6	3	6	6	33
13.	PA	5	4	3	1	3	3	19
14.	AM	6	6	6	2	5	5	30
15.	AJ	6	6	6	2	4	4	28
16.	AJR	6	5	4	2	5	5	27
17.	MSB	6	5	5	2	5	5	28
18.	PL	5	3	4	2	5	5	24
19.	SA	5	2	3	2	3	3	18
20.	CA	5	6	4	3	6	6	30
21	KD	5	3	3	2	4	4	21
22.	PMN	4	6	4	3	5	5	27
23.	SF	6	3	4	5	5	5	28
24.	AV	5	6	6	3	6	6	32
25.	AR	6	4	5	3	5	5	29
26.	MP	6	5	5	2	5	5	28
27.	SK	5	6	4	3	6	6	30
28.	MV	6	5	5	3	6	6	31
29.	RU	6	2	7	0	5	5	25
30.	SA	5	6	6	3	6	6	32

SCORE CHART
AFTER TREATMENT

SL N O	NAM E	PAI N	BLEEDI NG	SWELLI NG	ITCHI NG	DISCOMF ORT	IMPAC T ON WELL BEING	TOT AL	OVER ALL IMPROV EMENT
1.	MA	1	0	3	0	0	0	4	9
2.	SS	0	0	6	0	0	0	6	9
3.	YD	3	0	6	0	0	1	11	7
4	JH	3	0	5	0	3	3	14	7
5.	SR	0	0	4	0	0	0	4	9
6.	SI	0	0	4	0	0	0	4	9
7.	DD	2	1	3	0	2	0	10	8
8.	RH	0	0	2	0	0	0	2	9
9.	BN	1	0	3	0	0	0	4	9
10	CU	1	0	5	0	0	0	6	9
11.	LA	1	0	5	0	0	0	6	9
12.	SA	2	2	5	0	0	0	14	7
13.	PA	2	0	3	0	1	1	6	9
14.	AM	0	0	2	0	2	0	2	9
15.	AJ	3	0	6	0	1	2	13	7
16.	AJR	0	0	3	0	0	0	3	9
17.	MSB	3	2	5	0	3	3	14	7
18.	PL	1	0	3	0	1	1	6	9
19.	SA	0	0	3	0	0	0	3	9
20.	CA	0	0	3	0	0	0	3	9
21	KD	0	0	3	0	0	0	3	9
22.	PMN	2	0	4	0	2	2	10	8
23.	SF	2	0	3	0	2	2	9	8
24.	AV	0	0	4	0	0	0	4	9
25.	AR	0	0	4	0	0	0	4	9
26.	MP	2	0	3	0	1	1	7	8
27.	SK	1	0	2	0	1	1	5	9
28.	MV	0	0	3	0	0	0	4	9
29.	RU	0	0	3	0	0	0	4	9
30.	SA	1	0	3	0	1	1	6	9

FORM - 4 : CONSENT FORM (A)

INFORMATION FOR PARTICIPANTS OF THE STUDY

Title of my study is a comparison of rubrics in boger boenninghausen characteristic repertory with the rubrics of repertory of haemorrhoids by w.m.j guernsey in hemorrhoids. The purpose of my study is to highlight the Utility of repertory in management of Hemorrhoids and to verify the incidence of hemorrhoids in relation to age, sex and occupation. Duration of my study is from July 2017 – January 2019.

The procedures include 30 cases of Hemorrhoids from the OPD, IPD and Peripheral OPD centres of Sarada Krishna Homoeopathic Medical College. Proctoscopy will be done in the patients presenting with the symptoms of Hemorrhoids. The case details will be recorded in standardized case record format of Sarada Krishna Homoeopathic Medical College. Then the cases will be analysed and totality will be evaluated. Repertorisation was done and a well selected remedy will be prescribed based on totality. Follow up will be done once in two weeks and patient will be assessed according to CORECT scale.

The benefits to the subject or others, reasonably expected from research are the participants are investigated to find out whether he/ she is having Hemorrhoids. If a participant is identified to have Hemorrhoids or is a known patient with Hemorrhoids he/ she will be given an awareness about the risk factors of Hemorrhoids. Thus study is a benefit not only to the participant but also to the society as a whole. The records are maintained highly confidential. Only the investigator has the access to subjects medical records. Participants identity will never be disclosed at any time, during or after the study period or during publication of the research. Securely store data documents in locked locations and Encrypt identifiable computerized data. All information revealed by patient will be kept as strictly confidential. Free treatment for research related injury is guaranteed. Compensation of the participants not only for disability or death resulting from such injury but also for unforeseeable risks is provided, in case situation arises.

Contact for trial related queries, rights of subjects and in the event of any injury.

INVESTIGATOR

Dr R.Reeba

Department of Repertory

Sarada Krishna Homoeopathic Medical College and Hospital

KulasekharamKanyakumari District, Tamilnadu -629161

Ph no: 9159262486

GUIDE

Dr. V.Sathish kumar MD (HOM)

Professor& H.O.D

Department of Repertory

Sarada Krishna Homoeopathic Medical College and Hospital

KulasekharamKanyakumari District, Tamilnadu -629161

There will not be any anticipated prorated payment, to the subject for participating in the trial. The responsibilities of participants in the trial are They must disclose all about the complaints. Participants must strictly stick on to the scheduled Diet, Regimen and Medicine.

The participation is voluntary, that the subject can withdraw from the study at any time and that refusal to participate will not involve any penalty or loss of benefits to which the subject is otherwise entitled .

FORM - 4 A

CONSENT FORM (B)

Informed Consent form to participate in a clinical trial

Study Title: "A clinical study on relationship of remedies in therapeutic pocket book on Bronchial Asthma"

Study Number: _____

Subject's Initials _____ Subject's Name _____

Date of birth/Age: _____

Please initial

Box (Subject)

- i. I confirm that I have read and understood the information sheet dated [] _____ for the above study and have had the opportunity to ask question.
- ii. I understood that my participation in the study is voluntary and that I am [] free to withdraw at any time' without giving any reason. Without my medical care or legal rights being affected.
- iii. I understand that the sponsor of the clinical trial, others working on the sponsor's behalf' the Ethics Committee and the regulatory authorities will not need my permission to look at my health records both in respect of the current study and any further research that may be conducted in relation to it, even if I withdraw from the trial. I agree to this access. However, I understand that my identity will not be revealed in any information released to third parties or published. []
- iv. I agree not to restrict the use of any data or result that arise from this study [] Provided such a use is only for scientific purpose(s)
- v. I agree to take part in the above study.

Signature (or Thumb impression of the subject/legally acceptable Representative: _____

Date ____/____/____

Signatory's Name: _____

Signature of the Investigator: _____

Study Investigator's Name: _____

Signature of the Witness _____ Date: ____/____/____

Signature of the Witness _____ Date ____/____/____

APPENDIX – V

SAMPLE CASE -1

“Case records are our valuable asset”

SARADA KRISHNA

HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

KULASEKHARAM, KANYAKUMARI DIST, TAMIL NADU- 629161

CHRONIC CASE RECORD

O.P. No: 4432/18

UNIT : VI

Date: 14.11.18

Name: Mr.Prabhu Mohammed Naina

Age:46 years Sex: male

Religion: muslim Nationality:indian

Name of father/Spouse/Guardian/Son/Daughter:Mrs.Syed Mohammed Fathima

Marital status:Married

Occupation:Driver

Family size:5 Members

Diet:mixed

Address: Kadiyapattinam

Phone No (Mobile): 9043596944

FINAL DIAGNOSIS:

Homoeopathic	HEMORRHOIDS
Disease	CHRONIC MIASMATIC DISEASE – PSORA

RESULT:	Cured	Relieved	Referred	Otherwise	Expired
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2. INITIAL PRESENTATION OF ILLNESS		
PATIENT'S NARRATION (in the very expressions used by him/her)	PHYSICIAN'S INTEROGATION (details Regarding symptoms narrated)	PHYSICIAN,S OBSERVATION
Iam suffering from Burning pain in anus, swelling ,sensitiveness in anus While touching no bleeding ,but itching present	how long do you suffer from this complaint? Since 6 months When did your complaint get worse? It get worse after stool, wiping Coughing, urination, during stool.	Talkative Answers in one word

3. PRESENTING COMPLAINTS

LOCATION (tissues,organs,systems extensions & duration direction & frequency)	SENSATION & PATHOLOGY	MODALITY (>,<) & A/F (=)	CONCOMITANTS IF ANY
ANUS& RECTUM Since 6 months	Burning pain in anus swelling sensitive no bleeding itching	<stool after ++ <coughing+ <urination <wiping <during stool+	Lumbar pain Abdominal pain

4. HISTORY OF PRESENTING ILLNESS:

Complaint of patient started before 6 month as burning pain in anus A/F taking chicken after one month he noticed that swelling present in anus ,sensitive to touch ,no bleeding but itching present .She had undergone traditional medicine and got temporary relief .since 4 months again complaint appears.

5. HISTORY OF PREVIOUS ILLNESS

NO	Age/Year	Illness, trauma, fright, burns, drug allergy(ies), operation(s), exposure(s), innneculation, vaccination(s), serum, steroids, hormone therapy, antibiotics, analgesics, etc.	Treatment Adopted	Outcome
1.	Child hood	Measles ,chicken pox	Traditional	Relieved
2.	Before 6 years	Viral fever	Allopathy	Relieved
3.	Before 3 years	Heart block	Surgery done	Under medication

6. HISTORY OF FAMILY ILLNESS

FATHER –H/o hemorrhoids

7. PERSONAL HISTORY

A. LIFE SITUATION

Place of birth: Kadiyapatinam

Socio- economic status: good

Nutritional status: good

Dwelling: kadiyapatinam

Customs: -

Nature of

Work: mild

Political Status: -

Religion: muslim

Educational status :12th

Marital status: married

Year of Marriage: 25 years

Family status: 5 members

Father:diedMother: alive Siblings: Male: Children:

B. HABITS & HOBBIES

Food:

Addictions: smoking 6-7 cigattes /day

Sleep: 7 hours sleep

Artistic:nil

Games/Sports:kabadi

C. DOMESTIC RELATIONS

With family members:good

With other relatives:good

With neighbours/friends/colleagues:good

D. SEXUAL RELATIONS:

Pre-Marital: nil

Marital:

Extra Marital:nil

Others: nil

8. LIFE SPACE INVESTIGATION

Patient was born ina moderate muslim family.He is having one sister .He studied up to 9th standard .His child hood was very happy .hegot married at the age of 25 years

.He is not having children up to 10 years after marriage .After treatment they got 3 children .As a person he was well talented ,easily tensed ,intelligent ,he knows more than 3 languages (marathi ,arabic english ,tamil,malayalam) He was worked as an security officer before some years.

9. MENSTRUAL HISTORY: NOT APPICABLE

A.Menses

L.M.P:

Amenorrhoea-

Primary/Secondary

Cycle/Regularity &its Duration	Duration Of Menses	FLOW			
		Qty	Consistency &clots	Color & ododr	Stains &Acidity

CONCOMITANTS

BEFORE	AT START OF	DURING	AFTER

B.Previous History: Changes in Menstrual Cylce

Menarche:

Early/Late

Early Years (first 3-4 Yrs)

Before Marriage:

FMP:

After Pregnancy(ies)
to Meanrche

Recent

Complaints related

After Marriage

C. Climacteric:

Symptoms associated

Pre-Menopause	With Menopause	Post Menopause

D. Abnormal Vaginal Discharges (Leucorrhoea/Lochia)

Type	Qty	Onset Duration	Color Odour	Stains Acridity	Relation with menses	Modalities	Accompaniments	Obvious reason if any

10. OBSTETRICAL HISTORY: (NA)

Gravida	Para	Abortion	Death	Live

A.Previous Pregnancies Including Abortion:

No	Age of Conception	Yr. Date and Period Of Pregnancy	Abnormalities in Pregnancy & Treatment Adopted	Labour Events	Mode Of Delivery	Nature Of Purperium

Child

Gender	Birth Weight	Condition of Birth	Congenital Abnormality	Viability	Cause of Death	Lactation History

B.Contraceptive method(s) adopted
(used/inuse/duration)

1.Temporary

2.Permanent (changes of contraceptive method(s) and if so reason, any complaints from use)

C.Present Pregnancy: L.M.P
E.D.C

Date of Quickening

H/O Morning sickness

Other Complaints

11. GENERAL SYMPTOMS:

A. PHYSICALS

I. FUNCTIONAL

1. Appetite : 3-4 times meals/day
2. Thirst : 6-7 cups/day
- 3.Sleep :good
4. Dreams- nothing specific

II. ELIMINATIONS

1. Stool :regular
2. Urine : normal
3. Sweat :generalized all over body
4. Breath-nil
5. Discharges- nil
6. Abnormal Secretions & Excretions-nil

III . REACTIONS TO

REACTIONS TO	Aversions	Desire	Intolerance / Sensitive to	Aggravation	Amelioration
Time					
Thermal					
Season	Hot season	Cold season			
Meteorological					
Moon Phase					
Places					
Air/Fanning		Fanning			
Clothing/Covering	Covering				
Bathing/Washing		Cold water			
Food/Drinks					
Undigested Food					
Touch/Pressure					
Posture					
Motion					
Sleep					
Sex					
Spl.Senses					
Eliminations					
Menses					
Sweets		Desire			

IV. CONSTITUTIONAL

Physical Makeup	Temperament	Thermal	Side Affinity	Sensation/Tendencies
Hydrogenoid	Sanguine	Hot	Nil	

B. MENTAL GENERAL

1. Will & Emotions including motivations (Love, hat, anger, sadness, fear.fright, anxiety, suspicious, cause, modalities, state, aversion and cravings (excluding food & drinks,) etc.

Easily angered ,shouts

Easily tensed

Bitting nails while tensed

2. Understanding and Intellect (perception, thinking, consciousness, decision, confidence, speech, motivation, cause, mental state)

Normal

3. Memory (Effect on Behaviour & functions)

Intelligent

12. PHYSICAL EXAMINATION

A) GENERAL

- Conscious :conscious
- General appearance:good
- General built and nutrition:well built
- Height-170 cm
- Weight-84.4kg
- BMI
- Anaemia:No pallor
- Jaundice:not icteric
- Clubbing:Nil
- Cyanosis:Nil

- Oedema :nil
- Nails- Neat & clean
- Gait- steady
- Lymphadenopathy:nil
- Pulse rate: 76/min Resp rate: 16/min B.P: 140/90 mm
of hg
- Temp-98.6 F
- Others- Nil

B. SYSTEMIC EXAMINATION

1. Respiratory system:NAD
2. Cardiovascular system:NAD
3. Gastro Intestinal system:NAD
4. Urogenital system:NAD

Inspection –Externally no ulcer ,no bleeding ,no discharge , 1 inch prolapse during straining.

Palpation –tenderness present

PROTOSCOPY – Internal piles noted no bleeding .

5. Skin and glands :NAD
6. Musculoskeletal system:NAD
7. Central Nervous system:NAD

8. Endocrine:NAD

9. Eye and ENT:NAD

10. Others:NIL

C.REGIONALS

Nothing specific

13. LABORATORY FINDINGS

Advised to do blood Routine examination

14. DIAGNOSIS

- ❖ Provisional Diagnosis : HEMORRHOIDS
- ❖ Differential Diagnosis: FISSURE IN ANO
- ❖ Final Diagnosis (Disease): HEMORRHOIDS

15 .DATA PROCESSING

A . ANALYSIS OF CASE

COMMON	UNCOMMON
Burning pain in anus	Burning in anus with lumbar pain & abdominal pain
Swelling	Burning urination
Sensitive to touch	Easily tensed
No bleeding	Desire sweets
Itching	Intelligent
<stool during++	
<stool after	
<coughing+	
<Urination	
<wiping	

--	--

B. EVALUATION OF SYMPTOMS/TOTALITY OF SYMPTOMS

BBCR	GUERNSEY
<p>Swollen sensation rectum</p> <p>Burning in anus</p> <p>hemorrhoids swelled sensitive,blind ,</p> <p>hemorrhoids with abdominal pain</p> <p><stool after coughing ,urination wiping</p> <p>hemorrhoids painful concomitants during stool,</p> <p>hemorrhoids lumbar pain with ,anus</p> <p>&rectum itching</p> <p>,urine burning</p>	<p>Swollen hemorrhoids see large,</p> <p>burning</p> <p>sensitiveness</p> <p>blind (not bleeding)stool after</p> <p><stool after</p> <p>cough,</p> <p>mituration during</p> <p>wiping</p> <p>after Stool</p> <p>itching</p>

C. MIASMATIC ANALYSIS:

	PSORA	SYCOSIS	SYPHILIS
Family History			Father H/O Hemorrhoids
Past History	Viral fever		Measles ,chicken pox
Mind	Easily angered ,tensed		
Body	Swollen sensation rectum,Burning in anus		Hemorrhoids with lumbar region pain

Miasmatic Diagnosis: PSORA

C. TOTALITY OF SYMPTOMS

According to BBCR

- ❖ Swollen sensation rectum
- ❖ Burning
- ❖ hemorrhoids swelled
- ❖ sensitive,blind
- ❖ hemorrhoids with abdominal pain
- ❖ <stool after coughing ,urination wiping
- ❖ ,hemorrhoids painful concomitants during stool,
- ❖ hemorrhoids lumbar pain with ,anus &rectum itching
- ❖ urine burning

ACCORDING TO GUERNSEY

- Swollen hemorrhoids see large,
- burning
- sensitiveness
- blind (not bleeding)stool after
- ,<stool after
- <cough,
- <mituration during
- <wiping
- <after Stool
- itching

D. HOMOEOPATHIC DIAGNOSIS-CHRONIC MIASMATIC DISEASE –PSORA

16 . SELECTION OF MEDICINE

A. Non Repertori al Approach

B. Repertorial Approach

a)Reprtorial Totality: (Selection of appropriate Repertory, Selection of symptoms for repertorisation, conversion of symptoms into corresponding rubrics for repertorisation)

According to BBCR

No	Symptoms	Rubrics	Explanation	Page No
1.	Sensation of swelling in anus	Swollen sensation	Pathological symptom	615
2.	Burning pain in rectum	Rectum burning	Pathological symptom	610
3.	Hemorrhoids swelled	Hemorrhoids	Pathological	612

		swelled	symptom	
4.	Sensitive to touch	Sensitive	Pathological symptom	612
5.	No bleeding	Hemorrhoids blind	Pathological symptom	612
6.	Hemorrhoids abdominal pain with	Hemorrhoids abdominal pain with	Concomitants	611
7.	< stool after	Stool after aggravation	Aggravation	616
8.	< urination	Urination aggravation	Aggravation	616
9.	< wiping	Wiping aggravation	Aggravation	616
10.	Itching in anus & rectum	Anus & rectum itching	Pathological symptoms	600
11.	Burning urination	Urine burning	Physical generals	625

b) Repertorial result:

Medicine	ALOES	MUR.AC	SULPHUR	NUX	NIT.AC
	20/5	17/5	14/4	14/3	12/5

According to Guernsey

No	Symptoms	Rubrics	Explanation	Page No
1.	Hemorrhoids swollen	Swollen Hemorrhoids see large	Objective symptom	126
2.	Burning in anus	Burning in anus	Subjective symptom	115
3.	Sensitiveness	sensitiveness	Subjective symptom	120
4.	Blind	Blind (not bleeding)	Subjective symptom	124
5.	< stool after	Aggravation stool after	Aggravation	133
6.	< cough	Aggravation during cough	Aggravation	-
6.	< micturation	Aggravation micturation	Aggravation	131
7.	< wiping	Aggravation wiping	Aggravation	135
8.	Itching	Itching	Subjective symptom	118

Repertorial totality

Medicine	ALOE	MUR.AC	SULPH	GRAPHITES	CAUST
	18/7	15/7	13/5	11/5	10/4

c) PDF if any_nil

d)Analysis of Repertorial Result

17. SELECTION OF POTENCY AND DOSE

A. Potency: According to the susceptibility of Patient 200 th potency is given

B. Dose:According to homoeopathic principle single dose is given

18. PRESCRIPTION

R_x

ALOES SARCOTINA 1M/1D

19. GENERAL MANAGEMENT INCLUDING AUXILIARY MEASURES

A. General/Surgical/Accessory: Take fibrous rich food

Drink plenty of water

B. Restrictions (Diet, Regimen etc.):

Disease	Medicinal
Avoid Spicy food Avoid meat Avoid egg	Avoid strong stimulants like coffee & narcotics

20. PROGRESS & FOLLOW- UP

Date 20.12.18	Follow up						Prescription Rx ALOES 1M /1D
	Pain	Itching	Swelling	Bleeding	Discomfort	Impact	
	4	6	4	3	5	5	
	Burning in anus persists Sensitive to touch slightly better Abdominal pain & lumbar region pain <stool after <during stool <coughing <micturition						
Date 31.12.18	Follow up						Prescription Rx SL 1D
	Pain	Itching	Swelling	Bleeding	Discomfort	Impact	
	3	0	6	0	2	2	
	Burning in anus persists Sensitive to touch slightly better Abdominal pain & lumbar region pain <stool after persists						

ate 9.1.19	Follow up						Prescription Rx ALOES 1M /1D
	Pain	Itching	Swelling	Bleeding	Discomfort	Impact	
	2	0	5	0	2	2	
	Burning in anus persists Sensitive to touch slightly better Abdominal pain & lumbar region pain persists						
Date 19.1.19	Follow up						Prescription RX SL ID
	Pain	Itching	Swelling	Bleeding	Discomfort	Impact	
	2	0	4	0	0	2	
	Burning in anus persists Sensitive to touch slightly better Abdominal pain & lumbar region pain						
Date 11.2.19	Follow up						Prescription Rx ALOES 1M/1D
	Pain	Itching	Swelling	Bleeding	Discomfort	Impact	
	1	0	3	0	0	2	
	Burning in anus persists Sensitive to touch slightly better Abdominal pain & lumbar region better						

Date 27.2.19	Follow up						Prescription Rx SL1D
	Pain	Itching	Swelling	Bleeding	Discomfort	Impact	
	1	0	4	0	2		
	Burning in anus persists Sensitive to touch slightly better Abdominal pain & lumbar region pain slightly persists						
Date 18.3.19	Follow up						Prescription Rx SL 1D
	Pain	Itching	Swelling	Bleeding	Discomfort	Impact	
	2	0	4	0	2	2	
	Burning in anus better Sensitive to touch slightly better Abdominal pain & lumbar region pain better						

CORECT SCALE

SYMPTOM	Before treatment	After treatment
Pain	4	2
Itching	6	0
Swelling	4	4
Bleeding	3	0
Discomfort	5	2
Impact	5	2
Over all improvement	27	10

SAMPLE CASE -2

“Case records are our valuable asset”

SARADA KRISHNA

HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

KULASEKHARAM, KANYAKUMARI DIST, TAMIL NADU- 629161

CHRONIC CASE RECORD

O.P. No: 4432/18

UNIT:II A

Date: 22.6.18

Name: Mrs.Annie Jasmine Rani

Age:30 years Sex: female Religion:Christain Nationality: Indian

Name of father/Spouse/Guardian/Son/Daughter:J.P Jasmine

Marital status: Married

Occupation: Housewife

Family size:4 members

Diet: Mixed

Address: Thiruvattar

Phone No (Mobile): 9487273145

FINAL DIAGNOSIS:

Homoeopathic	CHRONIC MIASMATIC DISEASE-PSORA
Disease	HEMORRHOIDS

RESULT:	Cured	Relieved	Referred	Otherwise	Expired
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2. INITIAL PRESENTATION OF ILLNESS		
PATIENT'S NARRATION (in the very expressions used by him/her)	PHYSICIAN'S INTEROGATION (details Regarding symptoms narrated	PHYSICIAN,S OBSERVATION
Iam suffering from aching pain, discomfort & inflammation in anus since six months, it get aggravated during menses sitting ,while touching.	<p>How long do you suffer from this complaint ?</p> <p>since 5 year A/F after pregnancy.</p> <p>Any other concomitant symptom with this?</p> <p>Yes i have difficult to pass stool.</p> <p>Other than this aggravating factor any other thing makes your complaint worse?</p> <p>Yes during mental excertion.</p>	<p>Anxious about disease</p> <p>Maintain eye to eye contact</p> <p>Moderate status</p> <p>Thick long hair</p> <p>Small warts on neck</p>

LOCATION (tissues,organs,systems extensions & duration direction & frequency	SENSATION & PATHOLOGY	MODALITY (>,<) & A/F (=)	CONCOMITANTS IF ANY
ANUS & RECTUM	Aching pain Discomfort Inflammation	A/F Pregnancy <menses during <sitting <touch <mental exertion	Stool difficult to pass

4. HISTORY OF PRESENTING ILLNESS:

Complaint of patient started before 5 years A/F 2nd pregnancy ,At first it started as discomfort in the anal region later on aching pain started after delivery had adopted traditional medicine and got a temporary relief .since 6 month again old complaints started associated with inflammation and stool difficult to pass.

5. HISTORY OF PREVIOUS ILLNESS

NO	Age/Year	Illness, trauma, fright, burns, drug allergy(ies), operation(s), exposure(s), innoculation,	Treatment Adopted	Outcome

		vaccination(s), serum, steroids, hormone therapy, antibiotics, analgesics, etc.		
1.	Before 1 year	Chicken pox	Traditional	Relieved
2.	Before 5 year	Hemorrhoids	Homoeopathy	Relieved

6. HISTORY OF FAMILY ILLNESS

Nothing Relavant

7. PERSONAL HISTORY

A. LIFE SITUATION

Place of birth: Marthandam

Socio- economic status: Moderate

Nutritional status: Moderate

Dwelling: Thiruvattar

Nature of Work: Mild

Political Status: -

Religion: Christian

Educational status: BE

Marital status: Married

Year of Marriage: 24 years

Family status: 4 members

Father; Alive Mother: Died Siblings: 2 brothers Children: 2 female

B. HABITS & HOBBIES

Food:

Addictions:

Sleep: 6-7 hours

Artistic: Nil

Games/Sports: Caroms

C. DOMESTIC RELATIONS

With family members: Good

With other relatives: Good

With neighbours/friends/colleagues: Good

D. SEXUAL RELATIONS:

Pre-Marital: Nil

Marital: good

Extra

Marital: Nil

Others: Nil

8. LIFE SPACE INVESTIGATION

Patient was born in a Moderate Christian family. Her father is a business man and mother was a housewife. She had 2 brothers and she is younger of all. Her childhood life was so happy. She was good in studies. She studied up to BE engineering, she wished to do ME but her father didn't allow her to do. She got married at the age of 24 years and she has 2 female children. She was working in an IT company. Her marriage life was good. At first she had some inconvenience to adjust in husband family. Before 4 months her mother died due to cardiac complaints. She has anger

regarding this one who supported in all situations have lost. She was in good understanding between brothers family. Easily get tensed

9. MENSTRUAL HISTORY:

A.Menses

L.M.P:

Amenorrhoea-

Primary/Secondary

Cycle/Regularity &its Duration	Duration Of Menses	FLOW			
		Qty	Consistency &clots	Color&ododr	Stains &Acidity
Regular	4 Days	Normal	No clots	Bright Red	No stains

CONCOMITANTS

BEFORE	AT START OF	DURING	AFTER
Leucorrhoea	Backache	Backache	—

B.Previous History: Changes in Menstrual Cycle

Menarche:

Early/Late

Early Years (first 3-4 Yrs)
years

Before Marriage:

FMP:13

After Pregnancy(ies)
to Menarche

Recent

Complaints related

After Marriage

C. Climacteric:

Symptoms associated _ Nil

Pre-Menopause	With Menopause	Post Menopause

D.Abnormal Vaginal Discharges (Leucorrhoea/Lochia) Nil

Type	Qty	Onset Duration	Color Odour	Stains Acridity	Relation with menses	Modalities	Accompaniments	Obvious reason if any

10. OBSTETICAL HISTORY:

A.Previous Pregnancies Including

Abortion:Nil

Gravida	Para	Abortion	Death	Live
2	2	2	-	2

No	Age of Conception	Yr. Date and Period Of Pregnancy	Abnormalities in Pregnancy & Treatment Adopted	Labour Events	Mode Of Delivery	Nature Of Purperium
1.	25 yrs	26 yrs	Nil	Normal	FTNVD	Normal
2.	27 yrs	27yrs	Nil	Normal	FTNVD	Normal

Child

Gender	Birth Weight	Condition of Birth	Congenital Abnormality	Viability	Cause of Death	Lactation History
Female	2.8 kg	Nil	Nil	Viable	Nil	1 year
Female	3.00	Nil	Nil	Viable	Nil	1 year

B.Contraceptive method(s) adopted

(used/inuse/duration)

1.Temporary

2.Permanent (changes of contraceptive method(s) and if so reason, any complaints from use)

C.Present Pregnancy: L.M.P
E.D.C

Date of Quickening

H/O Morning sickness

Other Complaints

11. GENERAL SYMPTOMS:

A. PHYSICALS

I. FUNCTIONAL

1. Appetite: 3-4 times meals/ day
2. Thirst:6-7 cups water /day
3. Sleep: 8 hours (Undisturbed Sleep)
4. Dreams- Nil

II. ELIMINATIONS

1. Stool :Constipation on alternate days
2. Urine : Normal
3. Sweat :Generalized
4. Breath- Nil
5. Discharges- Nil
6. Abnormal Secretions &Excretions

III . REACTIONS TO

REACTIONS TO	Aversion s	Desire	Intolerance / Sensitive to	Aggravatio n	Amelioratio n
-------------------------	-----------------------	---------------	---	-------------------------	--------------------------

Time					
Thermal			Hot		
Season					
Meteorological					
Moon Phase					
Places					
Air/Fanning	Fanning				
Clothing/Covering					
Bathing/Washing					
Food/Drinks		Cold food, meat			
Undigested Food					
Touch/Pressure					
Posture					
Motion					
Sleep					
Sex					
Spl.Senses					
Eliminations					
Menses					

IV. CONSTITUTIONAL

Physical Makeup	Temperament	Thermal	Side Affinity	Sensation/Tendencies
	Sanguine	Hot		

B. MENTAL GENERAL

1. Will & Emotions including motivations (Love, hate, anger, sadness, fear.fright, anxiety, suspicious, cause, modalities, state, aversion and cravings (excluding food & drinks,) etc.

Easily get tensed

Grief regarding mother's death

2. Understanding and Intellect (perception, thinking, consciousness, decision, confidence, speech, motivation, cause, mental state)

Good

3. Memory (Effect on Behaviour & functions)

Good

12. PHYSICAL EXAMINATION

A) GENERAL

- Conscious :Conscious
- General appearance: Moderate stature
- General built and nutrition: Good
- Height-159 cm
- Weight-67 kg
- BMI
- Anaemia: No pallor
- Jaundice: Not icteric
- Clubbing: Nil
- Cyanosis: Nil
- Oedema :nil
- Nails- clean
- Gait- Steady
- Lymphadenopathy: Nil
- Pulse rate: 80/min Resp rate: 19/min
- B.P: 110/80 mm of Hg
- Temp-98.6 f
- Others- nil

B.SYSTEMIC EXAMINATION

1. Respiratory system: NAD
2. Cardiovascular system: NAD
3. Gastro Intestinal system:NAD
4. Urogenital system:

INSPECTION-Externally no ulcer ,no bleeding spots no discharge and 2 inch prolapse of piles during Straining with squatting position.

PALPATION –No tenderness

PROTOSCOPY –Internal piles noticed scanty bleeding spots present

5. Skin and glands :NAD

6. Musculoskeletal system:NAD

7. Central Nervous system:NAD

8 .Endocrine:NAD

9. Eye and ENT:NAD

10. Others:NIL

C. REGIONALS

Nothing specific

13. LABORATORY FINDINGS

Advice to blood routine examination

14. DIAGNOSIS

- ❖ Provisional Diagnosis : INTERNAL HEMORRHOIDS
- ❖ Differential Diagnosis: Fissure in ano

- ❖ Final Diagnosis (Disease):

15 .DATA PROCESSING

A. ANALYSIS OF CASE

COMMON	UNCOMMON
Hemorrhoids painful ,pain in anus <menses during <sitting++ <touch	Hemorrhoids painful <mental exertion ++ Appetite decreased Stool difficult to pass Grief regarding mothers death Aversion fanning Desire cold food

B. EVALUATION OF SYMPTOMS/TOTALITY OF SYMPTOMS

BBCR	GUERNSEY
Hemorrhoids in general, aching ,inflammation , discomfort <afternoon,menses during ,sitting,touchmental exertion, grief sorrow and care , aversion meat, desire cold food , difficult to pass stool	Hemorrhoids pain aching , discomfort inflammed, <afternoon menses during , sitting, touch , mental exertion

C. MIASMATIC ANALYSIS:

	PSORA	SYCOSIS	SYPHILIS
Family History			
Past History		Chicken pox	
Mind	Grief about mothers death		
Body	Hemorrhoids painful Pain in anus <menses during	<sitting <touch	

Miasmatic Diagnosis:psora

C. TOTALITY OF SYMPTOMS

ACCORDING TO BBCR

- ❖ Hemorrhoids in general,
- ❖ aching ,inflammation ,
- ❖ discomfort
- ❖ <afternoon,menses during ,sitting,touch mental exertion,
- ❖ grief sorrow and care ,
- ❖ aversion meat,
- ❖ desire cold food ,
- ❖ difficult to pass stool

ACCORDING TO GUERNSEY

- Hemorrhoids pain
- aching ,
- discomfort
- inflamed,
- <afternoon
- menses during ,
- sitting,
- touch ,
- mental exertion

D. HOMOEOPATHIC DIAGNOSIS: Chronic miasmatic Disease Psora

16 .SELECTION OF MEDICINE

A. Non Repertorial Approach

B. Repertorial Approach

a)Repertorial Totality: (Selection of appropriate Repertory, Selection of symptoms for repertorisation, conversion of symptoms into corresponding rubrics for repertorisation)

BBCR

No	Symptoms	Rubrics	Explanation	Page No
1.	Hemorrhoids painful	Hemorrhoids in general	Particular	610
2.	Aching pain	Aching pain in anus	Particular	613

3.	Discomfort	Discomfort	Particular	610
4.	<menses during	Aggravation menses during	Aggravation	615
5.	<sitting	Aggravation sitting	Aggravation	616
6.	<touch	Aggravation touch	Aggravation	616
7.	<mental exertion	Aggravation metal exertion	Aggravation	616
8.	Grief regarding mothers death	Grief sorrow and care	Mental general	203
9.	Aversion meat	Aversion meat	Physical general	474
10.	Desire cold food	Desire cold food	Physical general	476
11.	Difficult to pass stool	Difficult to pass stool	Physical general	585

Repertorialresult:

Medicine	Nux	Nat.mur		Sulph	Puls	Merc
	18/5	14/5		14/5	14/4	12/4

ACCORDING TO GUERNSEY

NO	SYMPTOMS	RUBRICS	EXPLANATION	Page .no
1.	Hemorrhoids pain aching	Aching pain	Subjective symptom	115
2.	Discomfort	Discomfort	Subjective symptom	117
3.	Inflammed	Inflamed	Ojective symptom	126
4.	< Afternoon	Aggravation afternoon	Aggravation	129
5.	<menses during	Aggravation menses during	Aggravation	131
6.	<sitting	Aggravation sitting	Aggravation	133
7.	<touch	Aggravation	Aggravation	134
8.	< mental exertion	Aggravation	Aggravation	134

b) Repertorial result:

Medicine	Sulph	Lyc	Thuja	causticum	Mur.ac	
	11/5	8/5	7/3	7/3	6/3	

c) PDF if any- Nil

d)Analysis of Repertorial Result

17. SELECTION OF POTENCY AND DOSE

A. Potency:According to susceptibility of the patient 200th potency is given

B. Dose: According to homoeopathic principle single dose is given.

18. PRESCRIPTION

Rx 1. NUX VOMICA 200/1D

2. B.PILLS 3XTDS

3. B.DISC 1X B.D

19. GENERAL MANAGEMENT INCLUDING AUXILLARY MEASURES

A. General/Surgical/Accessory: Drink plenty of water
Take adequate rest

B. Restrictions (Diet, Regimen etc.):

Disease	Medicinal
Avoid spicy Avoid meat Avoid egg Take fibre rich foods	Avoid strong stimulants

CORECT SCALE

SYMPTOM	SCORE	
	Before	After
How much pain do you experience? 0 1 2 3 4 5 6 7 8 9 10		
How much itching do you experience? 0 1 2 3 4 5 6 7 8 9 10		
How much swelling do you experience? 0 1 2 3 4 5 6 7 8 9 10		
How much bleeding do you experience? 0 1 2 3 4 5 6 7 8 9 10		
How much discomfort do you experience? 0 1 2 3 4 5 6 7 8 9 10		

How much impact does your condition have on your well-being? 0 1 2 3 4 5 6 7 8 9 10	
--	--

PROGRESS & FOLLOW UP

Date 13.7 .18	Follow up						Prescription RX NUX VOMICA
	Pain	Itching	Swelling	Bleeding	Discomfort	Impact	
	1	0	4	0	1	1	
	Pain in anus <sitting ,touch mental tension slightly persists. Appetite improved Stool difficult to pass persists but better than before Discomfort improved Inflammation slightly persists BP :126/80 mm of hag						
Date 2.8.18	Follow up						Prescription RX NUX VOMICA 200/14D
	Pain	Itching	Swelling	Bleeding	Discomfort	Impact	
	1	0	4	0	1	1	
	Pain in anus < sitting ,touch mental tension improved Appetite Normal Stool difficult to pass better Discomfort better Inflammation improved BP :116/70 mm of hg						

Date 30.8.18	Follow up						Prescription RX NUX VOMICA 200/14D
	Pain	Itching	Swelling	Bleeding	Discomfort	Impact	
	1	0	4	0	1	1	
	Pain in anus < sitting, touch mental tension. Improved Appetite normal Stool difficult to pass better than before Discomfort persists, A/F Spicy food Inflammation better BP :130/90 mm of hg						
Date 25.9.18	Follow up						Prescription RX NUX VOMICA 200/14D
	Pain	Itching	Swelling	Bleeding	Discomfort	Impact	
	1	3	3	0	3	3	
	Pain in anus < sitting ,touch mental tension better Appetite normal Stool difficult to pass , better than before Discomfort better Inflammation better BP :110/80 mm of hag						
Date 18.10.18	Follow up						Prescription RX SL
	Pain	Itching	Swelling	Bleeding	Discomfort	Impact	
	1	0	3	0	3	3	
	Pain in anus < sitting ,touch mental tension better Appetite Normal Stool difficult to pass better than before Discomfort better Inflammation better BP :120/80 mm of hag						

Date 11.11.18	Follow up						Prescription RX SL
	Pain	Itching	Swelling	Bleeding	Discomfort	Impact	
	0	0	3	0	3	3	
	Pain in anus <sitting, touch mental tension better. Appetite better Stool difficult to pass persists better Discomfort better Inflammation better BP :116/80 mm of hg						

CORECT SCALE

SYMPTOM	Before treatment	After treatment
Pain	6	0
Itching	5	0
Swelling	4	3
Bleeding	2	0
Discomfort	5	3
Impact	5	3
Overall improvement	27	9

APPENDIX VI

CASE SUMMARY

Case No.1

Mr.MA of 32 years ,male , who is residing in enayam was a Business man, came to OPD with the complaints of burning pain and bleeding per rectum Since 4 years , increased since 1 month which was aggravated during spicy food ,travelling ,while passing stool &Ameliorated by standing . irregular Stool once in 2or 3 days .Desire cold food .He was very much worried about the complaints, Father had a history of Hemorrhoids . The common rubrics in two Repertories were BURNING PAIN IN ANUS,BLEEDING ,STOOL DURING ,STOOL DIFFICULT .Based on the Totality of Symptoms Rubrics were Hemorrhoids with Burning pain,bleeding <during stool , difficult to pass stool appetite- desire cold food . His pulse was 70/min regular BP .120/80 mm of hg Based on totality Sulphur 200 was Prescribed .After a fortnight complaints was slightly relieved but few weeks after stool becomes hard and the medicine was repeated assessing the symptoms of the patient .The presenting complaints markedly reduced after treatment of 2 months . Before and after scores were recorded.Case was followed for 8 months.Patient showed good prognosis with marked symptomatic relief

Case No.2

Mr.SS of age 43 years male ,who is residing in Thirunelveli was a driver ,came to OPD with the complaints of small swelling in anus with protusion & bleeding with sensation of heaviness in anus since 2 years increased since 6 months which was aggravated during stool,sitting ,walking .Desire potato ,chicken .Aversion salt

,fish.Stool become regular but hard The common rubrics in two Repertories were PROTRUDING PROLAPSE ,BLEEDING,HEAVINESS SENSATION ITCHING,AGGRAVATION DURING SITTING ,WALKING .Based on totality rubrics were Protruding prolapsed, Bleeding ,heaviness sense of ,itching in anus,<sitting ,walking ,Aversion salty food desire potato ,his pulse was 69/min regular BP 110/70 ,NUX VOMICA 200 was Prescribed based on the totality of the symptoms. complaints was slight relieved but few weeks later presented with abdominal distension .So again Nux Vomica 200 and the medicine was repeated assessing the symptoms of the patient . Before and after scores were recorded .The presenting complaints markedly reduced after treatment of 3 months.Patient showed good prognosis with marked improvement

Case No.3

Mr .YD of age 48 years male ,who is residing in kumarapuarm was a Business man came to OPD with the complaints of Burning &itching in anus Since 1 year and increased since 3 month <passing stool,oily food,spicy food ,sitting ,rubbing .Desire warm food .Fastidious in nature ,easily weeps. Father & mother had a H/o of Hemorrhoids Common rubrics in both repertories are BURNING PAIN IN ANUS,ITCHING IN ANUS,<SITTING,RUBBING. Based on the totality rubrics were Burning pain in anus,itching in anus,<sitting, rubbing ,Appetite -desire warm food. mind fastidious ,weeping tearful , His pulse was 70/min regular, BP 112/78 mmof Hg GRAPHITES 200 was given on the basis of totality of the symptoms and the medicine repeated assessing the symptoms of the patient . Before and after scores were recorded case followed for 4 months The presenting complaint markedly reduced after treatment of 2 months Patient showed moderate symptomatic relief

Case No 4

Mr.RH of age 30 years male who is residing in elaluvilai was a driver came to OPD with the complaints of Bleeding in anus with cutting pain and also fissure and a sensation of something is lodged out since 4 months < touch ,Desire sweets.Common rubrics in both repertories are,BLEEDING FROM ANUS, CUTTING PAIN ,FISSURE IN ANUS,SWOLLEN SENSATION AGGRAVATION TOUCH.Based on totality rubrics were Bleeding ,cutting pain in anus fissure ,swollen sensation ,Hemorrhoids painful,aggravation touch ,Desire sweets ,his pulse was 68/min regular ,BP 116/80 mm of Hg. SULPHUR 200 was given based on the totality of the symptoms and the medicine repeated assessing the symptom of the patient . Before and after scores were recorded ,case followed for 6 months The presenting complaint markedly reduced.Patient showed good prognosis with marked symptomatic relief.

Case No .5

Mrs.SI of age 41 years female who is residing in chenkodi was a housewife came to OPD with the complaints of Burning pain in anus,bleeding from anus no itching protruding outside since 5 months <sitting ,coughing ,standing,>passing stool,sitting in cold water.Common rubrics in both repertories are BURNING IN ANUS ,BLEEDING ,ITCHING IN ANUS,SWOLLEN SENSATION,<SITTING,COUGHING ,STANDING. Based on totality Burning in anus,Bleeding,Hemorrhoids in general,itching in anus,swollen sensation aggravation by sitting ,coughing,standing >stool during,her Pulse was 70 /min regular BP 100/60 mm of Hg .SULPHUR 200 was Prescribed based on the totality of the symptoms and the medicine repeated assessing the symptom of the patient. The presenting

complaint markedly reduced after treatment of 3 months . Followed by Placebo is given Before and after score were recorded .Patient showed good prognosis with marked symptomatic relief.

Case No.6

Mr.DD of age 60years male who is residing in veyanoor was a driver came to OPD With the complaints of Hemorrhoids shooting type of pain ,mild swelling in anus protruding outside Itching & eruptions in anus,discomfort Since 6 months <evening,sitting ,passing stool,difficult to pass stool .common rubrics in both repertories are CUTTING PAIN IN ANUS,ITCHING IN ANUS,PROTRUDING PROLAPSED ,ERUPTIONS IN ANUS<SITTING .Based on totality Cutting pain in anus,itching in anus Eruption,protruding prolapsed ,dry stool,His pulse was 69/min regular BP 130/90 mmof Hg SULPHUR 200 was given based on the totality of the symptoms and the medicine repeated assesssing the symptom of the patient .Followed by placebo was Prescribed Before and after scores were recorded The presenting complaint markedly reduced after treatment of 5months .Patient showed good prognosis with marked symptomatic relief.

Case No.7

Mr.SS of age 43 years male who is residing in keezhkulam was a driver came to OPD With the complaints of Aching tearing pain in anus,sensitiveness ,no bleeding ,mild protusion. since 1 year increased since 2 months <Alcoholic drinks,night ,walking ,Desire spicy food,aversion fat food. Father had a h/o of Hemorrhoids Common rubrics in both repertories are ACHING PAIN IN ANUS,TEARING PAIN ,NO BLEEDING (BLIND)PROTRUDING OUTSIDE <NIGHT ,WALKING .His pulse was 68/min regular BP 128/80 mm of Hg . NUX VOMICA 200 was Prescribed

based on the totality of the symptoms and the medicine repeated assessing the symptom of the patient . After a month complaint get worse so that time Nux vomica daily dose was prescribed The presenting complaint markedly reduced after treatment of 3 months . Before and after scores were recorded Patient showed good prognosis with marked symptomatic relief.

Case No.8

Mr.JH of age 48 years male who is residing in kaliyakavilai was a coolie came to OPD With the complaints of Burning & Bleeding from anus, inflammation ,congestion Since 3 months <oily food ,taking chicken ,Morning ,touch ,sitting ,Desire cold water ,fish,appetite soon after eating ,Thirst increased for warm water stool once in 2 days.Common rubrics in both repertories are BURNING PAIN IN ANUS,CONGESTION IN ANUS,BLEEDING AGGRAVATION DURING STOOL AFTER ,TOUCH ,SITTING .Based on the totality rubrics are Burning ,Bleeding ,congestion in anus,<stool after ,sitting ,Appetite satiated quickly ,Thirst excessive ,stool constipation on alternate days,Desire cold water ,fish .His pulse was 69/min regular BP 130/70 mm of Hg Mild pallor present . NUX VOMICA 200 was given based on the totality of the symptoms and the medicine repeated assessing the symptom of the patient . After a fortnight complaints was slight relieved .So again Nux vomica is prescribed .Before and after scores were recorded The presenting complaint markedly reduced after treatment of 3 months .Patient showed good prognosis with Moderate Symptomatic relief.

Case No.9,

Mrs.AJR of age 30 years female who is residing in Thiruvattar was a Housewife Came to OPD With the complaints of Hemorrhoids painful ,pain in anus,A/f preganancy since 5 years increased since 6 months. <menses during,sitting ,touch,mental exertion,appetite decreased ,stool difficult to pass,grief regarding mothers death,aversion fanning,meat ,desire cold food .Common rubrics in Both Repertories are ACHING PAIN,DISCOMFORT INFLAMMED,<AFTERNOON,MENSES DURING SITTING,TOUCH,MENTAL EXERTION.Based on the totality rubrics are Hemorrhoids in general,aching pain in anus,inflammation,discomfort ,<afternoon,Menses during sitting,sitting,touch,mental exertion,grief sorrow and care Aversion meat ,Desire cold food ,difficult to pass stool.Her pulse was 68/min regular 130/76 mmof Hg.NUX VOMICA 1M was Prescribed and repeated for once in 2 weeks.based on the totality of the symptoms and the medicine repeated assesssing the symptom of the patient . case was followed for 8 months Before and after scores were recorded The presenting complaint markedly reduced.Patient showed good prognosis with marked symptomatic relief.

Case No.10

Miss.AJ Of age 19 years female who is residing in Thalakulam was a student came to OPD with the complaints of Pain & Bleeding per rectum,difficult to pass stool,sensitiveness ,stool difficult to pass ,desire spicy food,easy satiety. Common rubrics in Both Repertories are BURSTING PAIN IN RECTUM,BLEEDING ,SENSITIVENESS,STOOL DIFFICULT TO PASS.Based on the totality rubrics are Bursting pain in rectum , Hemorrhoids painful bleeding ,sensitiveness,stool difficult to pass.Her pulse was 66 /min,BP 90/60 mm of Hg Mild pallor . SULPHUR 200

was prescribed Before and after scores were 4 months recorded Case was followed for 4 months The presenting complaint markedly reduced. Patient showed good prognosis with moderate symptomatic relief.

Case No.11

Mrs.MSB of age 43 years female who is residing in kallukottam was a house wife came to OPD with the complaints of Bruised beaten pain as if bleeding from rectum , since 2 months <stool hard after touch, spices,>sitting,sweat profuse over whole body,easily get angered,intolerance to hot,desire meat ,disagrees potatoes,nuts. He had a H/o of Appendectomy. Common rubrics rubrics in Both repertories are BRUISED PAIN,BLEEDING,<STOOL HARD AFTER TOUCH ,>SITTING..Based on the totality rubrics Bruised beaten pain as if Bleeding ,<stool after touch,sitting,desire meat ,Aversion potatoes Desire egg,sweat easy sweatness profuse ,stool hard ,anger crossness.Her pulse was 70/min BP 100/80 mm of Hg . SULPHUR 200 was given based on the totality of the symptoms and the medicine repeated assessing the symptom of the patient . Before and after scores were recorded The presenting complaint markedly reduced after treatment of 3 months .Patient showed good prognosis with moderate symptomatic relief.

Case No.12

Mrs.PL of age 30 Years female who is residing at mekkavilai was a house wife came to OPD With the complaints of Hemorrhoids painful,tenderness ,burning in anus, Since 8 months <during stool,touch,stool difficult in passing ,Desire cold season,coffee,cold drinks,spicy food,weeps easily .common rubrics in Both repertories are BURNING IN ANUS,BLEEDING FROM ANUS,<STOOL DURING TOUCH,STOOL AFTER .Based on the totality rubrics were Hemorrhoids in general

,bleeding,burning in Anus,< stool during ,touch,stool after ,Constipation,Desire cold drinks fluid,weeping tearful .Her pulse was 68/min BP 110/90 mm of Hg. SULPHUR 200 was given based on the totality of the symptoms and the medicine repeated assessing the symptom of the patient . Before and after scores were recorded The presenting complaint markedly reduced after treatment of 3 months .Patient showed good prognosis with marked symptomatic relief

Case No.13

Mrs.LT of 42 years, female, from kumbakonnam, who is a housewife, came to OPD with the complaints of burning pain in the anus and sensitive since 2 years, increased since 2 months. Complaints started after pregnancy and aggravated during stool, spicy food, eating fish, touch, eating after. Complaints gets ameliorated by cold water application. Stool is difficult to pass. Perspiration is increased in whole body. There is fear of darkness and easily gets angered. The common rubrics in two repertories were BURNING PAIN IN ANUS, SENSITIVENESS, <STOOL HARD, EATING AFTER, BLEEDING. Based on the totality rubrics were burning pain in anus, sensitiveness, < stool hard after, eating after, bleeding, easy sweating and profuse, fear of disease, anger and crossness. His pulse was 74/min and BP is 130/80 mm of Hg. Based on the totality NUX VOMICA 1M was prescribed. complaints was slightly relieved but few weeks after stool becomes hard and the medicine was repeated assessing the symptoms of the patient .The presenting complaints markedly reduced after treatment of 2 months . Before and after scores were recorded Patient showed good prognosis with marked symptomatic relief .

Case No .14

Mrs.SY of 49 years, female who is residing in nagercoil is a housewife came to OPD with the complaints of aching pain with bleeding and backache since 1 year.

Complaints have increased since 1 month. The complaints gets aggravated during stool, after stool and touch. Complaints get better by scratching. She has desire for salty food. Increased output of Urine and thirst has increased. The common rubrics in two repertories were ACHING PAIN IN ANUS, DRYNESS SENSE OF <STOOL DURING, STOOL AFTER, TOUCH, DESIRE SALTY FOODS, THIRST INSATIABLE, URINE HOT BURNING, ANGER AND CROSSNESS. Based on the totality rubrics were aching pain in anus, < during stool, stool after, touch and straining of stool. Her pulse is 69/min and regular BP is 120/80 mm of Hg. Based on the totality ARSENICUM ALBUM 200 was prescribed. Complaints was slightly relieved but few weeks after stool becomes hard and the medicine was repeated assessing the symptoms of the patient. The presenting complaints markedly reduced after treatment of 2 months. Before and after scores were recorded Patient showed mild improvement.

Case No.15

Miss.PS of 19 years female residing from arumanai, who is a student came to OPD with the complaints of protrusion of mass around the anus and dryness since 2 years and complaints have increased since 2 months. There is fissure, swelling and irritation in the anus and backache is also present. Complaints get ameliorated by scratching. Stool is difficult to pass and stool is hard in nature. Thirst is decreased and she has desire for fried food. Common rubrics in two repertories were DRYNESS SENSE OF, SWOLLEN SENSATION OF, FISSURE IN ANUS, IRRITATION FEELING

AND DISCOMFORT. Based on the totality rubrics were protruding prolapsed, dryness sensation of, > scratching, fissure in anus, swelled, stool difficult to pass, irritation in anus, appetite hunger without, thirstlessness, desire fat food. Her pulse is 74/min and regular BP is 120/80 mm of Hg. Based on the totality ALOES 1M was prescribed. Complaints were better but few weeks after dryness with protrusion was present and the medicine was repeated assessing the symptoms of the patient. The presenting complaints markedly reduced after treatment of 2 months. Before and after scores were recorded Patient showed good prognosis with marked symptomatic relief.

Case No.16

Mr. SA Of 35 years male residing from neyyor who is a maison came to OPD With the complaints of Hemorrhoids with burning pain, < passing stool, during stool, sitting, stool burning while passing, appetite decreased, thirst decreased desire rainy season, fanning, warm food, cold water, spicy food since 3 years and complaints have increased since 1 month. Common rubrics in two Repertories were BLEEDING FROM RECTUM, BURNING IN ANUS, < STOOL DURING, SITTING. Based on the totality rubrics were Hemorrhoids in general, < stool during, bleeding, burning pain in anus, < sitting, appetite increased, thirstlessness, desire cold liquids. water, desire warm food. His pulse is 68/min and regular BP is 130/70 mm of Hg. Based on totality SULPHUR 200 was prescribed. Complaints were better but few weeks after stool burning was present and the medicine was repeated assessing the symptoms of the patient. Before and after scores were recorded The presenting complaints markedly reduced after treatment of 2 months. Before and after scores were recorded. Patient showed good prognosis with marked symptomatic relief.

Case No.17

Mr.CA of 43 years female residing from Unnamalakadai who is a teacher came to OPD With the complaints of Hemorrhoids with burning pain in anus prolapsed <menses during, rising after ,stool difficult to pass,easily weeps ,desire weeps ,desire juicy things ,aversion salty food.Common rubrics in two repertories were BURNING PAIN IN ANUS,ITCHING IN ANUS,PROTRUDING HEMORRHOIDS,<MENSES DURING .Based on the totality rubrics were Burning pain in anus,itching in anus,hemorrhoids prolapse,<menses during ,stool insufficient ,weeping tearful,thirstlessness,desire juicy refreshing things aversion salty food.Her pulse was 69/min regular BP was 120/70 mm of Hg. Based on totality SULPHUR 200 was prescribed. Complaints were better but few weeks after stool burning in anus was present and the medicine was repeated assessing the symptoms of the patient .The presenting complaints markedly reduced after treatment of 2 months . Before and after scores were recorded .Patient showed good prognosis with marked symptomatic relief.

Case No.18

Mr.SF of 20 years Male residing from mandaikadu who is a engineer came to OPD with the complaints of Burning pain in anus,Hemorrhoids ,Bleeding , Since 6 months <urination ,scratching ,stool during ,desire cold food ,appetite diminished ,thirst decreased ,fear of disease ,desire spicy food ,cold food.Common Rubrics in two repertories were ACHING PAIN IN ANUS,HEAVINESS SENSATION OF,ITCHING IN ANUS,<WALKING ,STOOL DURING .Based on the totality rubrics were Aching pain ,heaviness sense of,hemorrhoids itching,<walking ,stool during ,mental exertion >warm application ,desire sour things,aversion coffee,.His

pulse was 68/min regular ,BP was 130 /90 mm of Hg . Based on totality was NITRIC ACID 200prescribed. Complaints were better but few weeks after Itching in anus was present and the medicine was repeated assessing the symptoms of the patient .The presenting complaints markedly reduced after treatment of 5 months . Before and after scores were recorded Patient showed good prognosis with marked symptomatic relief.

Case No.19

Mr.AV of 36 years male residing from Mekkamandapam who is an welding worker came to OPD With the complaints of Aching pain in anus,itching in anus,heaviness sensation, sensitiveness <walking ,mental exertion,passing stool >warm application .Desire sour things,acids,Aversion coffee.Common rubrics in two repertories were ACHING PAIN IN ANUS,HEAVINESS SENSATION OF ,ITCHING IN ANUS,<WALKING ,STOOL DURING.Based on totality rubrics were Aching pain ,Heaviness senseof,Hemorrhoids itching,<walking ,stool during,during mental exertion,>warm application desire sour things aversion coffe His pulse was 70/min and BP was 130/90 mm of Hg . Based on totality NUX VOMICA 200 was prescribed. Complaints were better but few weeks after stool burning was present and the medicine was repeated assessing the symptoms of the patient .The presenting complaints markedly reduced after treatment of 2 months . Before and after scores were recorded Patient showed good prognosis with marked symptomatic relief.

Case No.20

Mr.AR of 60 years male residing from Nagercoil who is an interior designer came to OPD With the complaints of Aching pain in anus,bleeding,swelling ,itching in anus<sitting,,touch,walking,summer season,fastidious in nature,headstrong cheerful,desire cold drinks.Common rubrics in two repertories were ACHING PAIN IN ANUS,BLEEDING,ITCHING,<SITTING ,TOUCH,WALKING .Based on Totality rubrics were Aching pain in anus,bleeding ,protruding prolapsed ,itching ,protrusion of hemorrhoids during stool<sitting,touch,walking ,stool during ,summer season.His pulse was 66/min and Bp was 140/100 mm of Hg. Based on totality NUXVOMICA 200 was prescribed. Complaints were better but few weeks after stool burning was present and the medicine was repeated assessing the symptoms of the patient .The presenting complaints markedly reduced after treatment of 2 months . Before and after scores were recorded Patient showed good prognosis with marked symptomatic relief

Case No.21

Mrs .KD of 53 Years female residing in cheruvallor who is an housewife came to OPD With the complaints of swelling in anus,bleeding with pricking pain, <during stool,hard stool,Straining Desire warm food ,spicy food,aversion meat,talkative ,fear of travelling .Common rubrics in two repertories were SWELLING IN ANUS ,HEMORRHOIDS ITCHING ,PROTRUDING PROLAPSED ,HEMORRHOIDS PAINFUL,BLEEDING ,FISSURE IN ANUS,<WALKING,STOOL AFTER ,FEAR FUTURE OF,VEXATION.Based on the totality rubrics were Swelling in anus Hemorrhoids itching ,protruding prolapse,hemorrhoids painful,bleeding ,fissure in anus< walking ,stool after ,fear future of vexation of .Her pulse was 68/min and BP

was 110/68 mm of Hg . Based on totality GRAPHITES 0/3 was prescribed.

Complaints were better but few weeks after stool burning was present and the medicine was repeated assessing the symptoms of the patient . Before and after scores were recorded .The presenting complaints markedly reduced after treatment of 2 months .Patient showed good prognosis with marked symptomatic relief.

Case No 22

Mr.PMN of 46 years male residing at kadiyapatinam who is an driver came to OPD with the complaints of swelling ,burning in rectum,sensitive to touch ,no bleeding abdominal pain since 6 months < stool during ,lumbar pain ,itching ,burning urination easily tensed desire sweets.Common rubrics in two repertories were,SWOLLEN SENSATION IN ANUS,BURNING IN ANUS,SENSITIVENESS,BLIND,<STOOL AFTER,COUGH ,MICTURATION DURING DURING ITCHING ,WIPING .Based on the totality rubrics were swollen sensation ,rectum burning ,hemorrhoids swelled,sensitive ,blind hemorrhoids with abdominal pain <stool after coughing ,urination wiping,Hemorrhoids painful concomitants during stool,hemorrhoids lumbar pain with anus,& rectum itching ,urine burning.Her pulse was 69/min and BP was 150/100 mm of hg Based on totality ALOES 1M was prescribed. Complaints were better but few weeks after stool burning was present and the medicine was repeated assessing the symptoms of the patient. The presenting complaints markedly reduced after treatment of 10 months . Before and after scores were recorded Patient showed good prognosis with marked symptomatic relief.

Case No .23

Mrs.AM of 53 years female residing at kallulootam who is an housewife came to OPD with the complaints of Aching pain ,prolapse & protusion ,itching in anus,stool difficult to pass ,sweat increased on head ,desire eating ,thirst increased for warm food,stool once in 2 days.Common rubrics in two repertories were ACHING PAIN IN ANUS,PROLAPSE OF RECTUM,ITCHING IN ANUS,<STOOL DURING .Based on the totality rubrics were Aching pain in anus,prolapse of rectum ,itching in anus,protruding prolapsed ,stool constipation on alternate days .Her pulse was 66/min and BP was 130/86 mm of Hg . Based on totality CALACAREA CARB 200 was prescribed. Complaints were better but few weeks after stool burning was present and the medicine was repeated assessing the symptoms of the patient .The presenting complaints markedly reduced after treatment of 2 months . Before and after scores were recorded Patient showed good prognosis with marked symptomatic relief.

Case No.24

Mr.BD of 60 years male residing at thirpparapu who is an security came to OPD with the complaints of Stitching pain in anus since 4 years increased since 4 months <sitting,touch, night >lying on back Hard swelling ,itching ,constipation with difficult to pass stool ,thirst decreased ,grief about wife death .Common rubrics in two repertories were STITCHING PAIN IN ANUS,SORENESS FEELING,ITCHING IN ANUS,< STOOL AFTER,SITTING ,TOUCH ,NIGHT .Based on the totality the rubrics were sticking ,stitches etc,sore pain ,itching in anus <stool after,sitting ,touch ,night .His Pulse was 69/min and BP was 148/90 mm of Hg. . Based on totality was MURIATIC ACID 200 prescribed. Complaints were better but few weeks after stool burning was present and the medicine was repeated assessing the symptoms of the

patient .The presenting complaints markedly reduced after treatment of 6 months .
Before and after scores were recorded .Patient showed good prognosis with marked symptomatic relief.

Case No 25

Mr.MP of 41 years , male residing at Neyyoor who is an Pharmacist came to OPD with the complaints of Burning pain in anus,bleeding in anus,Hemorrhoids swelled since 5 months,<touch sitting,Hemorrhoids painful,stool irregular ,constipation on alternate days.Desire company.Common rubrics in two repertories were BURNING& BLEEDING IN ANUS,SWOLLEN HEMORRHOIDS ,HEMORRHOIDS PAINFUL <TOUCH,SITTING .Based on totality rubrics were Burning & bleeding in anus,Hemorrhoids swolled < touch ,sitting ,hemorrhoids painful,stoolstraining ,stool irregular ,constipation on alternate days.His Pulse was 69/min and BP was 158/90 mm of Hg . Based on totality NUX VOMICA 200 was prescribed. Complaints were better but few weeks after Burning in anus was present and the medicine was repeated assessing the symptoms of the patient .The presenting complaints markedly reduced after treatment of 5 months . Before and after scores were recorded Patient showed good prognosis with marked symptomatic relief.

Case No.26

Miss CU of 19 years female residing at marthandanthurai came to OPD with the complaints of Burning pain with bleeding ,irritation ,sensitiveness< during stool,spicy food, after stool >cold water application ,cold water drinking ,religious.Common rubrics in two repertories were BURNING PAIN IN ANUS,BLEEDING,IRRITATION,SENSITIVENESS< STOOL DURING,STOOL AFTER .Based on totality rubrics were Burning pain in anus,bleeding

,irritation,sensitiveness,<stool during ,stool after ,aversion meat ,desire cold food religious ideas.Her pulse is 76 /min and BP was 90/60 mm of Hg. Based on totality ARSENICUM ALBUM 200 was prescribed. Complaints were better but few weeks after stool burning was present and the medicine was repeated assessing the symptoms of the patient .The presenting complaints markedly reduced after treatment of 7 months . Before and after scores were recorded Patient showed good prognosis with marked symptomatic relief.

Case No. 27

Mrs.SK of 55 years female residing at thalakulam came to OPD with the complaints of Protuding piles Bleeding ,swelling in anus,itching & fissure in anus, Since 6 months <riding,walking,touch ,Aversion company ,grief about son.Common rubrics in two repertories were HEMORRHOIDS PROTRUDING ,BLEEDING,SWELLED ,ITCHING IN ANUS,CUTTING PAIN ,FISSURE <RIDING ,WALKING ,TOUCH .Based on totality rubrics were Hemorrhoids protruding prolapsed ,bleeding,swelled,itching in anus,cutting pain in anus,fissure in anus,<riding ,walking ,touch ,company averse to ,grief sorrow & care. Her Pulse was 64 /min and BP was 110/68 mm of Hg. Based on totality NUX VOMICA 1Mwas prescribed. Complaints were better but few weeks after stool burning was present and the medicine was repeated assessing the symptoms of the patient .The presenting complaints markedly reduced after treatment of 7 months . Before and after scores were recorded Before and after scores were recorded Patient showed good prognosis with marked symptomatic relief.

Case No.28

Mrs.MV Of 48 years female residing at Mulluvillai came to OPD with the complaints of protruding Hemorrhoids ,burning pain in anus,<stool during,sitting>bathing cold,stool difficult to pass alternate days ,desire egg,salty things ,loquacious.Common rubrics in two repertories were PROTRUDING PROLAPSED ,BURNING PAIN IN ANUS,< SITTING ,>COLD BATHING .Based on totality rubrics were Protruding prolapsed ,Burning pain in anus,<sitting,cold bathing ,stool constipation on alternate days,desire egg,salty things loquacity Her Pulse is 68/min & BP was 138/80 mm of Hg. Based on totality SULPHUR 0/4 was prescribed. Complaints were better but few weeks after Constipation was present and the medicine was repeated assessing the symptoms of the patient .The presenting complaints markedly reduced after treatment of 8 months . Before and after scores were recorded Patient showed good prognosis with marked symptomatic relief.

Case No.29

Mr.RU of 36 years male residing at manalikkarai came to OPD with the complaints of Aching pain in anus , swollen sensation in anus,bleeding,<stool after,touch ,walking ,Alcoholic drinks aversion coffee meat .Common rubrics in two repertories were ACHING PAIN IN ANUS,SWELLED SENSATION ,BLEEDING ,<STOOL AFTER ,TOUCH,WALKING .Based on the totality rubrics were Aching pain in anus,swollen anus,bleeding <stool after ,touch ,walking,Aversion coffee,meat .His pulse was 70/min and BP was 136/76 mm of Hg . Based on totality CALCAREA CARB 0/3 was prescribed. Complaints were better but few weeks after bleeding present and the medicine was repeated assessing the symptoms of the patient .The presenting complaints markedly reduced after treatment of 10 months . Before and

after scores were recorded Patient showed good prognosis with marked symptomatic relief

Case No.30

Mrs SD of 25 years female residing at vizhunthayambalam came to OPD with the complaints of Aching pain in anus, dryness, itching in anus, sensitiveness to touch, bleeding, < evening, night, sitting, desire cold food aversion eating food, fat food, stool difficult to pass inability to take right decision, grief about health & family. Common rubrics in two repertories were ACHING PAIN IN NUAS, DRYNESS IN ANUS, ITCHING, SENSITIVENESS IN ANUS, BLIND NOT BLEEDING < EVENING, NIGHT, SITTING Based on totality rubrics was Aching pain in anus, dryness in anu, itching & sensitiveness in anus, Blind (dry) < night sitting, aversion fat food desire cold food, stool difficult to pass, indecision, grief sorrow & care. Her pulse is 75/min & BP Was 116/64 mm of Hg. Based on totality NITRIC ACID 200 was prescribed. Complaints were better but few weeks after stool burning was present and the medicine was repeated assessing the symptoms of the patient. The presenting complaints markedly reduced after treatment of 6 months. Before and after scores were recorded Patient showed good prognosis with marked symptomatic relief

APPENDIX VII

MASTER CHART

Sl no	Preliminary data, Age/sex/address/occupation/Diet	Totality of symptoms	Family history	Rubrics common in BBCR & GUERNSEY	Total no of individual Rubrics in BBCR	Total no of Individual rubrics in Guernsey	Medicine Cover under		Final RX	Explanation for final similimum	Disease intensity CORECT SCALE		Inference
							BBCR	guernsey			Before	after	
1.	Maheenabu backar/32/M/Enayam/business/Mixed	Complaints of hemorrhoids with burning pain & bleeding, <spicy food, travelling, while passing stool, >standing, stool once in 2 days, desire cold food	Father	Burning pain Bleeding Stool during Stool difficult	Hemorrhoids in general Burning pain Bleeding <during stool Stool difficult to pass Appetite desire cold food	Burning pain in anus Bleeding <during stool> Stool difficult to pass	Sulphur, Nux vomica, Mercuris, Nitric acid, ignitia	Sulphur, Arsenicum album, calcaria carb, kali carb, silicea	sulphur	The totality of the patient suits for sulphur, which has got higher marks in both the repertories	29	4	Improved
2.	Sathya sheelan/43/m/Thirunelveli/driver/mixed	Small swelling, protruding outside, bleeding, heaviness, <during stool, sitting, walking, aversion salt fish, desire potato chicken	Nil	Protruding prolapse Bleeding Heaviness sensation Itching , <sitting, walking	Protruding prolapsed Bleeding Heaviness sense of Itching in anus <sitting, walking, aversion salty food, desire potato	External protruding, bleeding, Heaviness sensation of, Itching in anus <stool during, sitting, walking	Sepia Sulphur Calcarea carb Nuxvomica, aloes	Sulphur, Calcarea carb, Thuja Mur. acid, puls, aloes	Nux vomica	Based on the totality of the symptoms (including generals & particulars) Nux vomica is found to be similimum	28	6	Improved

3.	Yesudhas/48/m/kumara puram/business/veg	Burning and itching in anus,<passing stool,oilyfood,spicy food ,sitting ,rubbing	Father, mother	Burning pain, Itching in anus,,<sitting, rubbing .	Burning pain in anus. Itching in anus, <sitting,rubbing Appetite desire warm food, Mind fastidious Weeping tearful	Burning pain in anus Itching in anus <sitting,rubbing, stool during	Arsenicum alb,graphites,calc.carb,nuxvomica,sulphur	Sulphur, Graphites arsenicum aloes	Graphites	Totality of the patient suits for Graphites which got same gradation in both repertories	27	11	Moderate improvement
4.	Ramesh /3-0/m/elavuvilai/driver/mixed	Bleeding in anus,with cutting pain,fissure ,sensation of something lodged out,<touch ,desire sweets	Nil	Bleeding Cutting pain Fissure in anus swollen sensation <touch	Bleeding from anus Cutting pain Fissure in anus Hemorrhoids painful,swollensensation,touch aggravation ,desire sweets	Bleeding Cutting pain Fissure Swollen sensation fullness feeling Touch aggravation	Natmur Sulph Nuxvomica, Causticum alumina	Sulphur Nitric acid Belladonna causticum	Sulphur	Based on the totality of symptoms (including generals & particulars Sulphur is found to be similimum	32	2	Improved
5.	Suni/41/f /chenkodi /housewife/veg	Burning pain in anus ,bleeding, no itching, protruding outside ,A/F pregnacy<sitting, Coughing, standing, >passing stool,sitting in cold water	Nil	Burning in anus Bleeding Itching in anus Swollen sensation <sitting ,coughing < standing	Burning in anus Bleeding Hemorrhoids in general Itching in anus Swollen sensation <sitting coughing, standing >,stool during ,	Burning in anus Bleeding Itching in anus,swollen sensation Fullness feeling <sitting ,cough,standing, >stool during	Sulphur Sepia Aloes Phos Calc.carb	Sulph Kali.carb Causticum Ignitia Nitric acid	Sulphur	Totality of patient suits for sulphur ,which has got higher mark in both Repertories	21	4	Improved

6.	Devadhas /60/m /veyanoor/d river/ Veg	Hemorrhoids, shooting pain,mild swelling ,protruding outside,Itching& eruptions in anus,discomfort,<eve ning,sitting,passingst ool,Stooldifficult to pass	Nil	Cutting pain in anus Itching in anus Protruding prolapsed Eruption in anus <sitting	Cutting pain in anus Itching pain in anus Eruption, protruding prolapsed dry stool,dry stool	Cutting pain ,itching in anus Discomfort ,eruption of anus External protruding <evening ,sitting	Sulphur Graphites Nuxvomica Lyco,calc. carb	Sulphur Puls Mur.acid Lyco Aloes	Sulphur	The totality of the patient suits for sulphur, which has got higher marks in both the repertories	31	10	Moderate improvement
7.	Selvester/4 3/m/keezhk ulam/driver /mixed	Aching ,tearing pain in anus, Sensitiveness ,no bleeding ,mild protusion,<alcoholic drinks,night,walking, Desire spicy food,aversion fat food	Father	Aching pain in anus. Tearing pain No bleeding (blind) Protuding outside <night,walking	Aching pain in anus, Tearing pain,hemorrhoids in general Protruding outside blind ,<night ,walking aversion fat food	Aching pain in anus Sensitiveness Tearing pain No bleeding blind,protruding external <alcoholic drinks,night walking	Nux vomica Sulphur Puls, Sepia,Ars	Muriatic acid Sulph Aesulus Puls Nux vomica	Nux vomica	Based on the totality of symptoms Nux vomica found to be similimum	28	4	Improved
8.	Joseph/48/ m/kaliyaka vilai/coolie/ mixed	Burning &Bleeding in anus,inflammation ,congestion,<oily food ,taking chicken,morning,touc h,sitting ,desire cold water ,fish,appetite increased soon after eating ,thirst increased for warm water ,stool once in 2 days.	nil	Burning pain Congestion in anus Bleeding <stool after,touch ,sitting	Burning pain in anus Congestion in anus Bleeding <stool after ,sitting Appetite satiated quickly Thirst excessive Stool constipation on alternate days Desire cold water ,fish	Burning &congestion in anus, bleeding <stool after ,	Mercuris Sulphur Nuxvomica Arsenicu m album Carb.veg	Sulphur Nitric acid Belladonna causticum	Nux vomica	Based on the totality of symptoms Nux vomica found to be similimum	29	14	Mild improvement

9.	Bhuvendr an/60/m/sec urity/thirpar apu/veg	Stitching pain in anus <sitting,touch,night >lying on back Hard swelling ,itching ,constipation with difficult to pass stool,thirst decreased ,grief about wife death	Nil	Stitching pain in anus, Soreness feeling, Itching in anus <sitting,touch,ni ght	Sticking ,stitches etc Sore pain Itching in anus,<stool after ,sitting ,touch ,night	Stinging (stitches),soreness, Itching ,stool hard after ,<sitting ,touch , night	Arsenicu m Sulphur Nux vomica Aloes Nat.mur	Sulphur Aloes Mur.acid Graphites, Thuja	Muriatic acid	Based on the particular symptoms only the medicine is found to be Muriatic acid	31	4	improved
10.	Manikanda prasad/41/ m/neyyor/p haramacist/ mixed	Burning pain in anus,bleeding in anus,hemorrhoids swelled <touch sitting,hemorrhoids painful Stool irregular, constipation on alternate days desire company	Nil	Burning & bleeding in anus,swollen hemorrhoids,He morrhoids painful <touch,sitting	Burning &bleeding in anus,hemorrhoids swolled ,<touch sitting ,hemorrhoids painful ,stool straining ,stool irregular, constipation on alternate days	Burning in anus Bleeding Swollen hemorrhoids large,<touch ,sitting, hemorrhoids painful aching ,stool straining	Nuxvomica Sepia Sulphur Aconite phos	Sulphur Mur.acid Aloes Calc.carb Nitric acid	Nux vomica	Based on the totality of the symptoms (including generals & particular) Nuxvomica found to be similimum	28	7	Improved
11.	Clinu/19/f/ marthandan thurai/stude nt/mixed	Burning pain with bleeding,irritation,sen sitiveness,<during stool,spicyfood,after stool,>cold water application ,cold water drinki ng ,religious	Nil	Burning pain in anus, Bleeding Irritation Sensitiveness <stool during,stool after	Burning pain in anus Bleeding Irritation Sensitiveness <stool during stool after,aversion meat,desire cold food,religious ideas	Burning pain ,bleeding ,irritation feeling &discomfort ,sensitiveness,<stool during ,stool after	Sepia Sulphur Arsenicu m Mercuris Nux vomica	Muriatic acid Sulphur Nitric acid calc.carb Ars	Arsenicu m album	The totality of patient suits for A rsenicum album which were covers in both Repertories	29	6	Improved

12.	Latha/42/f/ kumbakona m/housewife/mixed	Burning sensation in anus,sensitive ,A/F preganancy<during stool,spicyfood,eatin g fish ,touch,eating after >cold water application,stool difficult to pass,perspiration increasedon whole body ,fear of darkness,anger easily	Nil	Burning pain in anus,sensitivene ss,<stool hard after,eating after ,Bleeding	Burning pain in anus,sensitivene ss, <stool hard after ,eating after ,bleeding ,easy sweatness profuse,fear d/s of ,anger crossness	Burning pain,sensitiveness,<stool during ,stool hard after ,eating after	Sulphur Sepia Nux vomica Phos Calc.carb	Muriatic acid Sulphur Aloes Arsenicum	Nux vomica	Based on the totality of the symptoms (including generals & particular) Nuxvomica found to be similimum	30	6	Improved
13.	Shyna/49/f/ nagercoil/h ousewife/m ixed	Aching pain with bledding and backache,<during stool,afterstool,touch, >scratching,stool difficult tppass,desire salty food,urine&thirst increased	Nil	Aching pain in anus <stool during ,stool after	Aching pain in anus Dryness sense of <stool during stool after touch,aversion salty things,thirstinsati able,urine hot burning ,anger crossness	Aching pain in anus,stool during ,stool after <touch ,stool straining	Arsenicu m album Sulphur Nux vomica Sepia Nitric acid	Sulphur Mur.acid Graphites Ignitia aloes	Arsenicu m album	Based on the totality of the symptoms (including generals & particular) Arsenicum album found to be similimum	33	14	Mild improvement
14.	Pratheesha/ 20/f/aruman ai/student/ mixed	Protusion of mass around anus,dryness,fissure,s welling ,backache irritation,>scratching, difficult to pass hard stool,Thirst decrease,desire fried food	Mother	Dryness sense of ,swollen sensation of,fissure in anus,irritation feeling & discomfort	Protruding prolapsed, dryness sense of >scratching fissure in anus,swelled,stool difficult to pass,irritation in anus,appetite hunger with out thirstlessness desire fat food	Heaviness sense of dryness & fissure in anus swollen sensation in anus,<stool hard after,Irritation feeling & discomfort	Nat.mur Sulphur Nux vomica Alum Aloes	Aloes Nitric acid Sulphur Aesculus Graphites	Aloes	The totality of patient suits for Aloes which were covers in both Repertories	19	6	Improved

15.	Amalorpam mary/53/f/k allukootam/ housewife /mixed	Aching pain ,prolap se &protusion itching in anus,stool difficult to pass,sweat increased on head,desire milk,easil y angered	Nil	Aching pain in anus,prolapse of rectum,itching in anus<stool during	Aching pain in anus, Prolpase of rectum, Itching in anus , Protruding prolpased .stool difficult to pass,sweat especially onhead Desire milk,anger crossness etc.	Aching pain in anus,prolapsed feeling heaviness sense of <stool during	Nux vomica Sulphur Calc.carb Mercuris Nat.mur	Pulsatilla Sulph Aloes Aesulus graphites	Calcarea carb	Based on the totality of the symptoms (including generals & particular)Calcarea carb found to be similimum	30	2	improved
16.	Annie jenisha/19/f /thalakulam /student/mi xed	Pain &Bleeding per rectum difficult to pass stool sensitiveness ,stool difficult to pass,desire spicy food ,easily satiety	Nil	Bursting pain in rectum,bleeding, sensitiveness,sto ol difficult to pass	Bursting pain in rectum Hemorrhoids painful Bleeding Stool difficult sensitiveness in anus,appetite satiety quickly	Bursting as if see fullnessfeeling of Bleeding Sensitiveness Stool difficult Sensitiveness Stool difficult	Sulphur natmur Ant.cur Lyco Nux vomica	Sulphur Hamamilles Aesculus belladonna	Sulphur	The totality of the patient suits for sulphur, which has got higher marks in both the repertories	28	13	Moderate improvement
17.	Annie jasmine rani/30/f/thi ruvattar /housewife/ mixed	Hemorrhoids painful ,pain in anus A/f pregnancy <menses during,sitting ,touch,mental exertion ,appetite decreased ,stool difficult to pass ,grief mother death aversion fanning meat desire cold food	Nil	Aching pain,discomfort ,inflamed, ,<afernoon ,mensesduring sitting touch ,mental exertion	Hemorrhoids in general,aching ,inflammation ,discomfort <afternoon,mense s during ,sitting,touch mental exertion,grief sorrow and care ,aversion meat,desire cold food ,difficult to pass stool	Hemorrhoids pain aching ,discomfort inflamed,<afernoon menses during ,sitting touch ,mental exertion	Nux vomica Nat.mur Sulph Puls merc	Sulphur Lyco Thuja Causticum Mur.acid	Nux vomica	Based on the totality of the symptoms (including generals & particular)Nux vomicafound to be similimum	27	3	Improved

18.	Mary suja bai/43/f/kall ukottam/ho usewife/ veg	Bruised beaten pain as if ,bleeding ,stool after ,<touch ,>sitting <stool hard after<spices ,sweat profuse over whole body, easily get anger,intolerance to hot ,desire meat,disagrees potatoes ,nuts	Nil	Bruised beaten pain as if Bleeding <stool after,touch, sitting desire meat,aversion potatoes ,desire agg,sweat easy sweatness profuse ,stool hard ,anger crossness	Soreness contused feeling beatean as if bruised ,bleeding ,external protruding ,stool hard after,<touch ,sitting	Bruised pain bleeding,<stool hard after ,touch ,>sitting	Sulphur Nat.mur Phos Nuxvomica a Sepia	Sulphur Mur.acid Aloes Puls	Sulphur	The totality of the patient suits for sulphur, which has got higher marks in both the repertories	28	14	Moderate improvement
19.	Premalatha/ 30/f/mekka vilai/house wife/mixed	Hemorrhoids ,painful ,tendernesss,burning in anus,,<during stool,touch,stool difficult in passing,desire cold season,coffe,cold drinks,spicyfood, weeps easily	Nil	Burning in anus,bleeding from anus,<stool during ,touch ,stool after	Hemorrhoidsinge neral,bleeding ,burning in anus,<stool during touch,stool after constipation desire coffee,desire cold drinks,fluid,weepi ng tearful	Burning ,bleeding ,<stool during ,touch <stool after ,stool straining	Sulphur Nat.mur Nux vomica Phos Bell	Sulphur Mur.acid Calc.carb Arsenicum Nitric acid	Sulphur	The totality of the patient suits for sulphur, which has got higher marks in both the repertories	24	6	improved
20.	Siva/35/m/n eyyoor/mai son/maison/ mixed	Hemorrhoids,bleedin g with burning pain<passing stool,during stool,sitting ,stool- burning during passing stool,appetite decreased,thirst decreased,desire rainy season,fanning ,warmfood,cold water ,spicy food	Nil	Bleeding from rectum,burning in anus<stool during ,sitting	Hemorrhoids in general,<stool during bleeding burning pain in anus,<sitting appetite Increased, thirstlessness desire cold liquids ,water desire warm food	Bleeding ,<stool during burning in anus,<stool during ,<sitting	Calc.carb Arsenicu m Bell Lyco Mercuris	Sulphur Silicea Ant,crud Calc.carb.gr aphites	Calcarea carb	Based on the totality of the symptoms (including generals & particular Calcarea carbfound to be similimum	1 8	3	improved

21.	Chandra/43 /f/unnamala kadai/teacher/mixed	Hemorrhoids with burning pain in anus ,prolapsed <menses during ,rising after ,stool difficult to pass,easily weeps ,desire juicy things ,aversion salty food	Nil	Burning pain in anus,itching in anus protruding hemorrhoids ,<menses during	Burning pain anus,itching inanus,hemorrhoids prolapse <menses during,stool insufficient,weepi ng tearful ,thirstlessness, desire juicy refereshing things,aversion salty food	Burning pain in anus,itching in anus external protruding inflamed <morning rising after <menses during	Sulphur Nux vomica Sepia Carbo .veg Calc.carb	Sulphur Aloes Graphites Kali.carb Muratic acid	Sulphur	The totality of the patient suits for sulphur which has got higher marks in both the repertories	30	3	Improved
22.	Kala devi /53/f/cheruv allor/house wife/mixed	Swelling in the anus,bleeding with pricking pain <during stool,hardstool,straini ng,desire warm food,spicy food ,aversion meat,talkative,fear of travelling	Nil	Swelling in anus Itching, Hemorrhoids Prolapsed Aching pain in anus, Bleeding &fissure in anus ,<walking ,stool after	Swelling in anus,hemorrhoids itching ,protruding prolapse ,hemorrhoids painful ,bleeding ,fissure in anus,<walking stool after ,fear future of,vexation of.	Swollen anus Itching in anus Prolapsus Aching pain in anus Bleeding & fissure in anus<walking ,stool after	Nuxvomica Graphites Sulphur Calc.carb	Sulphur muracid Ignitia Aloes Graphites	Graphites	Based on the totality of the symptoms (including generals & particular) graphites found to be similimum	21	3	Improved

23.	Prabhu Mohammed naina/46/m/ kadiyapatin am/driver/ mixed	Swelling ,burning in rectum,sensitive ,no bleeding ,abdominal pain <stool after coughing,urination,w iping ,Painful <during stool,lumbar pain itching ,burning urination ,easily tensed desire sweets	Father	Swollen sensation in anus,burning in anus,sensitiveness, blind ,<stool after ,cough,mituration during itching <wiping	Swollen sensation rectum burning, hemorrhoids swelled ,sensitive,blind ,hemorrhoids with abdominal pain <stool after coughing ,urination wiping,hemorrhoids painful concomitants during stool,hemorrhoids lumbar pain with ,anus &rectum itching ,urine burning	Swollen hemorrhoids see large,burning ,sensitiveness ,blind (not bleeding)stool after,<stool aftercough,mituration during ,wiping after stool,itching	Aloes Mur.ac Sulphur Nux vomica Nitric acid	Aloes mur acid Sulph Kali.c Nitric acid	Aloes	The totality of the patient suits for sulphur, which has got higher marks in both the repertories	27	10	Moderate improvement
24.	Sahaya flexi n/20/m/man daikadu/eng ineer/mixed	Burning pain in anus,protruding hemorrhoids,bleeding <urination,scratching ,stool during ,desire cold food ,appetite diminished ,thirst decreased ,fear of d/s desire spicy food ,cold food	Nil	Burning pain in anus ,bleeding <urination ,stool during	Burning in anus,protruding prolapsed ,bleeding from hemorrhoids,hem orrhoids painful<urination scratching ,stool during,desire cold food,appetite with out ,thirstlessness ,fear of d/s	Burning pain in anus,bleeding painful aching pain,<micturation during ,stool during	Nuvomica Nitric acid Sulph Calc.carb	Aloes Thuja Aesculus Arsenicum Mur ,acid	Nitric acid	Based on the totality of the symptoms (including generals & particular) graphites found to be similimum	28	9	improved

25.	Albin vinu/36/m/ mekkamand apam/weldi ng work/mixed	Aching pain in anus,itching in anus,heaviness sensation <walking,mental exertion >warm application ,<passing stool,desire sour things,acids,aversion coffee,sensitiveness	Nil	Aching pain in anus ,heaviness sensation of ,itching in anus,<walking stool during,mental excitement .	Aching pain,heaviness sense of,hemorrhoidsitc hing ,<walking stool during mental exertion >warm application desire sour things,aversion coffee,sensitive	Aching pain in anus,heaviness sensation of ,itching in anus,<walking ,stool during ,mental excitement	Sepia Sulph Nux vomica Phos Calc .carb	Sulphur Aloes Mur.acid Silicea	Nuxvomi ca	Based on the totality of the symptoms (including generals & particular) Nux vomica found to be similimum	32	4	improved
26.	Ameer/60/ m/nagercoil /interior designer/veg	Aching pain in anus,bleeding swelling ,itching in anus <sitting ,touch walking ,summer season ,fastidious in nature ,Headstrong cheerful,desire cold drinks	Nil	Aching pain in anus ,Bleeding, itching ,<sitting touch,walking	Aching pain in anus,bleeding protruding prolapsed ,itching protrusion of hemorrhoids during stool<sitting touch ,walking stool <summer season	Aching pain in anus,<sitting ,touch,bleeding ,large congested ,itching <walking	Sulphur nux vomica Calc.carb Aloes Merc Sulphur	Sulphur Mur.acid Causticum Graphites Aloes	Nux vomica	Based on the totality of the symptoms (including generals & particular) Nux vomica found to be similimum	29	4	improved
27.	Sivakalai/5 5/f/thalakul am/veg	Protruding piles bleeding ,swelling, itching & fissure in anus,<riding walking ,touch ,aversion to company ,grief about son	Nil	Hemorrhoids protruding Bleeding swelled,itching in anus,cuttingpain,f issure<riding ,walking ,touch	Hemorrhoids protruding prolapsed, bleeding,swelled,i tching in anus,cutting pain in anus,fissure in anus ,<riding,walking ,touch company averse to ,grief sorrow & care	External protruding,bleeding ,swollen hemorrhoids (large),itching in anus,cutting pain in anus ,fissure in anus<riding,walking, touch	Nuxvomica Graphites Sepia Mur.acid Sulphur	Sulphur Mur.acid Aloes Calc.carb Nitric acid	Nuxvomi ca	Based on the totality of the symptoms (including generals & particular) Nux vomica found to be similimum	28	9	improved

28.	Mary vimala/48/f/ mulluvillai/ housewife/ mixed	Protruding Hemorrhoids ,burning pain in anus,<stool during ,sitting ,>bathing cold.stool difficult to pass alternate days ,desire egg,salty things loquacious	Nil	Protruding prolapsed burning pain in anus<sitting >cold bathing	Protruding prolapsed Burning pain in anus,<sitting,cold bathing ,stool constipation on alternate days,desire eggs,salty things,loquacity	Hemorrhoids external protruding Burning pain <stool during ,sitting .cold bathing ,stool difficult to pass	Sulphur Sepia Nux vomica Phos Calc.carb	Sulphur Silicea Ant.c Calc.c Nitric acid	Sulphur	The totality of the patient suits for sulphur, which has got higher marks in both the repertories	31	9	Improved
29.	Reghu /36/m/mana likkarai/wel ding/mixed	Aching pain in anus,swollen sensation in anus,bleeding<stool after ,touch walking ,alcoholc drinks,aversion coffee meat	Nil	Aching pain in anus Swelled sensation Bleeding, <stool after touch,walking	Aching pain in anus,swelled anus,bleeding ,<stool after touch,walking Aversion coffee meat	Aching pain , Swollen sensation in anus Bleeding <alcoholic drinks, Stool morning after touch ,walking	Nux vomica Sulphur Calc.c Merc Nat.mur	Aloes Thuja Arsenium Mur.acid	Calcarea carb	Based on the totality of the symptoms (including generals & particular) calcarea carb found to be similimum	25	9	Improved
30.	Sandhya /25/f/vizhun thayambala m/housewif e/mixed	Aching pain in anus Dryness, Itching in anus,sensitiveness to touch,no bleeding <evening,night,sitting ,desire cold food,aversion eating food,fat food ,stool difficult to pass,inability to take right decision,grief about health & family	Nil	Aching pain in anus Dryness in anus Itching & sensitiveness in anus Blind not bleeding <evening ,night ,sitting	Aching pain in anus Dryness in anus Itching &sensitiveness in anus Blind(dry)<night, sitting ,aversion fat food,desirecold food,stooldifficult to pass,indecision,hesitation ,grief sorrow & care	Aching pain in anus ,dryness in anus,itching& sensitiveness of anus,blind (no bleeding)<evening ,night,sitting	Nitric acid Sulphur Aloes Mur.acid	Nitric acid Nux vomica Phos Graphites	Nitric acid	The totality of the patient suits for Nitric Acid , which has got higher marks in both the repertories	32	9	Improved